

Travel Insurance Claim Form

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Ski Equipment, Ski Hire, Ski Pack and Piste Closure

You must register any claim within 30 days of completion of your travel. Please supply original documents of the evidence you intend to rely on for your claim, and send by registered post to ensure delivery.

Claimant Details	C	Claim Refer	ence (if known)						
Title (Mr / Mrs etc) First Name		Surname	Birth						
						/ /			
Nationality	O	Occupation							
Medicare Number		arent / Guardiar f medical claim	's Medicare Numbe is for a minor)	r					
Home Address	н	lome Phone							
	w	Vork Phone							
	M	lobile	vile						
State Postcode	E	mail							
Policy Details									
Policy Number	D	Date Issued	/ /	Number c	of Travellers				
Independent Travel Arrangements: Yes	No If	no, provide the	following*:						
*Travel Agent and Branch	*	Tour Operator							
Date of Booking Departure	Date	R	eturn Date		Total Days				
	' /		/ /						
Country	R	Resort / Town							
 IDECLARE THAT: IN will use my best endeavours and render all reasonable assistance and co-operation to Auto & General Insurance Company Limited in the assessment of my claim: The information supplied by me is true and correct and I have not withheld any information likely to affect the assessment of my claim: I understand that the claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts; I understand that by investigating my claim or by accepting proofs of my claim, Auto & General Insurance Company Limited has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy; A photocopy of this Authorisation shall be considered as effective and valid as the original of specifically authorise its use as such. I appoint Auto & General Insurance Company Limited to do everything necessary or expedient to: give effect to the transactions contemplated by the authorisations described; and be execute and deliver any other documents or do any other acts referred to in the transactions described. give effect to the transactions contemplated by the authorisation described; and whether named by me or not, to provide such information as Auto & General Insurance Company Limited not any other acts referred to in the transactions described. give affect to the transactions contemplated by the authorisation described; and whether named by me or not, to provide such information as Auto & General Insurance Company Limited not any other acts referred to in the transactions described. give affect to the transactions contemplated by the authorisation described; and whether any other documents or do any other acts referred to in the transactions described. give affect to the transactions described. give affect to the transactions contemplated by the authorisation described; and wh									
If you wish to give authority for another person to a be able to give any information about your claim to I / We, authorise (Name)		respect to this	claim you must co	mplete the following	details (othe	rwise we will not			
]	D				
of (Address)					Postcode				
Phone	Mobile			Date of E	Birth	/ /			
I have read and fully understand the declarations abov		ing must sign)	-						
Claimant's Name	Signature		Date of	/ /	Date	/ /			
Claimant's Name	Signatura		Date of	/ /	Data	1 1			
	Signature				Date	/ /			
				/ /		1 1			
	Please ret	turn this clai	m form to:			4			

Budget Direct Travel Insurance, GPO Box 14, Brisbane QLD 4001

Ski Equipment Claims

Please provide details of lost, stolen, damaged or destroyed ski equipment:

Ref	Description of item	Owner	Place of purchase	Date acquired	Purchase method	Purchase price	Office us only
	Total Claimed						

Ski Hire Claims (if ski equipment was hired due to your own equipment being lost, damaged or delayed, please provide details)

Please provide details of the circumstances giving rise to this claim

	Ski school fees	Ski / Snowboard / Boot Hire	Lift pass
Cost			
Start date			
End date			
Number of days lost			

Piste Closure Claims (if you were unable to ski due to the piste at your pre-booked resort being closed due to lack of snow or adverse weather conditions please provide details)

Piste was closed: Date / / Tin	me	□ AM □ PM	
Piste was reopened: Date / /	Time	□ AM □ PM	
Were expenses incurred or an alternative site available:	Yes	No	If yes, advise cost of transport to an alternative site below

Ref	Description of expense	Date incurred	Cost	Currency	Office use on
			1	Total Claimed	

Documents You Need to Send Us - SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS

- travel tickets, itinerary etc.)
- 2. A police report, if your property was lost or stolen other than whilst in the custody of an airline.
- 3. If your claim is for property lost, stolen or damaged whilst in the custody of an airline please forward the report issued by the airline or their agent, written confirm tion that no payment has been issued to you and all used travel tickets and baggage tags.
- 4. Damage claims only please provide an estimate for repair. If the item is damaged 8. Piste closure claims written confirm tion from the resort or your tour rep of the beyond repair we require written confirm tion from a relevant tradesman. Please retain all damaged items as we may require them to be forwarded to our offices
- 1. Original evidence to show your dates of outward and return travel, (booking invoice, 5. For all Ski Equipment Claims please provide pre-loss supporting documentation in the form of receipts or visa / bank statements showing the purchase of the items.
 - 6. Ski hire claims receipts for hire expenses incurred, if your claim is a result of a delay by an airline please provide a copy of their report and their written confirm tion of the date and time that you received your equipment.
 - 7. Ski pack claims provide written confirm tion from the treating physician in resort that you were unfit to ski and evidence f the pre-paid expenses for which you are claiming eg. receipts or ski pass.
 - circumstances giving rise to the claim and if an alternative site was available receipts for transport expenses incurred in travelling there.

If you are unable to supply any of the documentation requested please provide a written explanation as to why. Important - Please number all receipts for expenses incurred or pre-loss supporting documentation and put the number in the column headed 'Ref', when completing the expense sections above.

Please return this claim form to: Budget Direct Travel Insurance, GPO Box 14, Brisbane QLD 4001

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Delaye	ed ski o	equi	pment	t clain	ns only	,												
Arrival at r	esort: [Date		/	/	Tii	me		AM PM	Equi	pment ı	received:	Date		/	/	Time	□ AI □ PI
How long	was you	r equi	pment de	elayed														
Has comp If no comp						r: ١	Yes		No			lf so,	please p	orovide d	documei	ntation of th	nis	
Flight No					Flight I	Date		/	/		Bookir	ng Refere	nce No					
Loss, T	Theft c	or Da	amage	claim	is only													
Loss, theft	, damag	e disc	overed:	Date		/	/		Time			AM PM						
Place of in	icident (count	ry and re	esort / to	own)													
Was the in	cident r	eport	ed to the	:														
Police: [Date		/	/	Tim	ne		□ AM □ PM										
Airline: D	Date		/	/	Tim	ne		□ AM □ PM										
Detail belo								d the	precau	tions t	aken to	protect	your pro	operty				
Where we	re the ite	ems a	t the time	e of the	loss, thef	t or da	amage											
What actic hotel etc? (continue of	Please p	orovid	e full det	ails and	I а сору о	f their	report if									^r holiday re	p, rental	car company o
Othor	Incurs																	
Other Do you (or travel ager	r anyone	else	claiming)														account,	tour operator
Yes Company] name ar	No nd add			lf yes, pl	lease s	upply the	e follo	wing de	etails:								
			1035															
Policy Nur	mber																	
Has a clair	n been s	ubmi	tted to a	ny othe	r compan	y for t	his incide	ent:	Yes			No		I	lf yes, ple	ease provide	e details:	
Bank Details																		
Should Au	to & Ger	neral I	nsurance	e Comp	any Limit	ed nee	ed to rein	nburs	e you w	ve requ	uire you	r bank de	etails.					
Name of A	ccount l	Holde	r															
BSB						Acc	count Nu	mber										
						-	Plea	ise re	eturn	this c	laim f	orm to	:					

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GST (for domestic policy claims only)				
Are you registered for GST and did you claim a GST input tax credit on your premium?	Yes		If yes, what is your input tax credit entitlement percentage: (i.e. a full entitlement is 100%)	
Additional space to continue any qu	lestions neces	ssary		