

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		Claim Reference (if known)	
Title (Mr / Mrs etc)	First Name	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Nationality	Occupation		
<input type="text"/>	<input type="text"/>		
Medicare Number	Parent / Guardian's Medicare Number (If medical claim is for a minor)		
<input type="text"/>	<input type="text"/>		
Home Address	Home Phone	<input type="text"/>	
<input type="text"/>	Work Phone	<input type="text"/>	
State	Mobile	<input type="text"/>	
<input type="text"/>	Email	<input type="text"/>	
Postcode	<input type="text"/>		
<input type="text"/>			

Policy Details			
Policy Number	<input type="text"/>	Date Issued	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Independent Travel Arrangements:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number of Travellers <input type="text"/>
*Travel Agent and Branch		*Tour Operator	
<input type="text"/>		<input type="text"/>	
Date of Booking	Departure Date	Return Date	Total Days
<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text"/>
Country	Resort / Town		
<input type="text"/>	<input type="text"/>		

I DECLARE THAT:

- ▶ I 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 and I 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
 - ▶ execute and deliver any other documents or do any other acts referred to in the transactions described.
- I authorise any person, corporation, institution, private or government organisation, whether named by me or not, to provide such information as Auto & General Insurance

- Company Limited in its absolute discretion considers relevant for its assessment of initial or ongoing benefits or my claim including, without limitation:
- ▶ all medical, surgical or other information concerning myself, my medical history, any treatment received by me and any medication taken or prescribed for me (at any time);
 - ▶ my Health Insurance claims history, including Medicare;
 - ▶ any information in relation to my assets, liabilities, earnings, salary or wages (at any time);
 - ▶ any information from third persons who may have information relevant to my eligibility to receive benefit, or my entitlement to receive an ongoing benefit

Privacy Statement

The personal and sensitive information collected in this form, and other information you or third parties provide in connection with this claim will be held, used and disclosed by us to process this claim, compile and analyse data, and resolve claim disputes.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health providers, investigators, our specialist advisors, service providers, or as required by law. Your personal information may also be disclosed to third parties in the countries and regions nominated under your policy, or any other regions where you may require assistance. For further information please see our privacy policy or email us at travelhelp@budgetdirect.com.au.

If you wish to give authority for another person to act on your behalf in respect to this claim you must complete the following details (otherwise we will not be able to give any information about your claim to any other person).

I / We, authorise (Name)

of (Address) Postcode

Phone Mobile Date of Birth

I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimant's Name	Signature	Date of Birth	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Claimant's Name	Signature	Date of Birth	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>

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 use 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 Time 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
Total Claimed					

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

- Original evidence to show your dates of outward and return travel, (booking invoice, travel tickets, itinerary etc.)
- A police report, if your property was lost or stolen other than whilst in the custody of an airline.
- 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 confirmation that no payment has been issued to you and all used travel tickets and baggage tags.
- Damage claims only** - please provide an estimate for repair. If the item is damaged beyond repair we require written confirmation from a relevant tradesman. Please retain all damaged items as we may require them to be forwarded to our offices
- 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.
- 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 confirmation of the date and time that you received your equipment.
- Ski pack claims** – provide written confirmation from the treating physician in resort that you were unfit to ski and evidence of the pre-paid expenses for which you are claiming eg. receipts or ski pass.
- Piste closure claims** – written confirmation from the resort or your tour rep of the 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.

Delayed ski equipment claims only

Arrival at resort: Date / / Time AM PM Equipment received: Date / / Time AM PM

How long was your equipment delayed

Has compensation been received from the carrier: Yes No *If so, please provide documentation of this*
 If no compensation received, please state:

Flight No Flight Date / / Booking Reference No

Loss, Theft or Damage claims only

Loss, theft, damage discovered: Date / / Time AM PM

Place of incident (country and resort / town)

Was the incident reported to the:

Police: Date / / Time AM PM

Airline: Date / / Time AM PM

Detail below the full circumstances surrounding the incident and the precautions taken to protect your property
(continue on separate sheet at the end of the form if necessary)

Where were the items at the time of the loss, theft or damage

What action(s) did you take to attempt to recover your property? Was the incident reported to any other authority eg. your holiday rep, rental car company or hotel etc? Please provide full details and a copy of their report if obtained, together with any other relevant information
(continue on separate sheet at the end of the form if necessary)

Other Insurance

Do you (or anyone else claiming) have any other insurance which may cover this trip. eg Travel insurance with your bank / credit card account, tour operator / travel agent or home contents insurance etc. *(NB contribution payment is normal practice where 2 policies cover the same loss).*

Yes No *If yes, please supply the following details:*

Company name and address

Policy Number

Has a claim been submitted to any other company for this incident: Yes No *If yes, please provide details:*

Bank Details

Should Auto & General Insurance Company Limited need to reimburse you we require your bank details.

Name of Account Holder

BSB Account Number

GST (for domestic policy claims only)

Are you registered for GST and did you claim a GST input tax credit on your premium?

Yes

No

If yes, what is your input tax credit entitlement percentage:
(i.e. a full entitlement is 100%)

Additional space to continue any questions necessary