

Claimant's Name

## **Travel Delay**

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.

your claim, and send by re	gistered post	to ensure o	lelivery.									
Claimant Details			Claim Reference (if known)									
Title (Mr / Mrs etc) First Name				Surname				Date of Birth				
Nationality				Occupat	tion							
Medicare Number				Parent / Guardian's Medicare Number (If medical claim is for a minor)								
Home Address				Home Ph		13 101 4 111111						
Home Address				nome Fi	none							
				Work Ph	one							
				Mobile								
State	Postco	ode		Email								
Policy Details												
Policy Number				Date Issu	ued	/	/	Number	r of Tra	vellers		
Independent Travel Arrange	ments:	Yes	No	If no, pro	ovide the	e following*.	:	_				
*Travel Agent and Branch				*Tour Or	perator							
<b>J</b>												
Date of Baskins		Damantuna D	-1-			atuus Data			Tak	al Davis		
Date of Booking	[	Departure Da	ate /			eturn Date	,		100	al Days		
/ /		/	/			/	/					
Country				Resort /	Town							
I DECLARE THAT:  I will use my best endeavours an Auto & General Insurance Comp. The information supplied by me information likely to affect the at I understand that the claim may have not revealed all relevant factors and that the claim company Lir any of its rights in defence of an Aphotocopy of this Authorisation original and I specifically authoritappoint Auto & General Insurance expedient to:  give effect to the transactions of execute and deliver any other detartansactions described. I authorise any person, corporation whether named by me or not, to p.  If you wish to give authority be able to give any informations.	pany Limited in the is true and corressessment of my be denied if the cts; g my claim or by mited has made ry claim arising uron shall be consict is eits use as such ce Company Limiontemplated by the course of the course or down, institution, privorovide such informanter per company the course of the course o	he assessment ect and I have ry claim; information sur accepting promo acceptance and r the policy dered as effect it it it do do every the authorisatic any other acts wate or governiormation as Auterson to act	of my claim: not withheld an applied is untrue of sof my claim of liability, nor ; ive and valid as ything necessal ons described; referred to in the ment organisation of General In on your beha	eration to  inly  e, or I  n, Auto & waived  ithe  ry or  and  he  ion, surance  alf in respect	ongoing ongoing ongoing ongoing ongoing on ongoing on one of the o	penefits or my ical, surgical of by me and a lith Insurance ormation in relormation from benefit, or my tatement on all and sensition or definition or my tatement or mail and sensition or definition or my tatement of section and processificativisors, servit to third partier, where you may as at budgetdii	y claim includ or other inform inny medication claims history ation to my as third persons or entitlement the tive informatic ection with the analyse data, se your persor or go this claim, in the count or require assist rect@claims-t		ion: myself, ed for n re; nings, sa formatic ing ben form, a d, used dispute: mation i urers, h iw. You pominate nformat	my medicine (at any alary or was on relevan efit and other it and discloss. to third paealth prowier personal ad under you please	al history, time); ages (at an t to my eli nformatio sed by us rties who ders, invei our policy e see our p	ny time); igibility to on you or third it to process assist us in estigators, our on may also be y, or any other privacy policy
I / We, authorise (Name)	ion about you	r claim to an	ly other pers	Orij.								
of (Address)									Po	ostcode		
Phone			Mobile					Date o	_ f Birth			
I have read and fully understar	nd the declarat	ions above (A	 ALL persons c	laiming must	t sign)					•		
Claimant's Name Signature			Signature				Date of Bir	th		Date		

Signature

Date of Birth

Travel Delay							
Scheduled departure from the international departure point: Date /	/ Time AM						
Place of scheduled departure	Time of scheduled check-in for international departure						
Departure from your home address or resort: Date / /	Time AM						
At what point in your journey did the delay occur / commence							
Eventual travel: Date / / Time AM							
If the claim is submitted as a result of a motor vehicle accident involving a third party, please provide their details and those of their insurers below.							
Third party's name	nsurer's name						
Third party's address	nsurer's address						
Policy No C	laim No						
Do you (or anyone else claiming) have any other insurance which may cover this trip travel agent or home contents insurance etc. (NB contribution payment is normal prayers)  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							
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 Yes No If yes, what is your input tax credit entitlement percentage:  (i.e. a full entitlement is 100%)							

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

- 1. Evidence of travel showing names of all claimants and dates of BOOKED outward and return travel (booking invoice, travel tickets, itinerary etc.).
- 2. A letter from the transport company (airline, bus company etc.) with whom you were travelling when the delay occurred, detailing the cause and length of the delay you suffered.

If you are unable to supply any of the documentation requested please provide a written explanation as to why.

Additional space to continue any questions necessary	