

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"/> / <input type="text"/> / <input type="text"/>
Nationality	Occupation		
<input type="text"/>	<input type="text"/>		
Home Address	Home Phone	<input type="text"/>	
<input type="text"/>	Work Phone	<input type="text"/>	
State <input type="text"/>	Postcode <input type="text"/>	Mobile	<input type="text"/>
		Email	<input type="text"/>

Policy Details			
Policy Number	<input type="text"/>	Date Issued	<input type="text"/> / <input type="text"/> / <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"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Country	Resort / Town		
<input type="text"/>	<input type="text"/>		

GST (for domestic policy claims only)	
Are you registered for GST and did you claim a GST input tax credit on your premium?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your input tax credit entitlement percentage: <input type="text"/> (i.e. a full entitlement is 100%)

It is against the law to submit a fraudulent insurance claim. If your claim is found to be fraudulent, the claim will be declined and Insurers will pursue recovery through the use of legal action.

- I / We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my / our knowledge and belief. I / We have not omitted any material information, which would affect the Underwriters judgement of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that Auto & General Insurance Company Limited will not accept responsibility if any payments are not distributed proportionately to the persons concerned.
- I / We understand that the information on this form will be passed to or used by Auto & General Insurance Company Limited for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other insurers. This includes access to my previous claims with other insurers.
- I / We assign all rights to Auto & General Insurance Company Limited and consent to them seeking reimbursement of any medical expenses paid by them.

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.

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

Baggage Delay Claims Only

Arrival in resort: Date / / Time AM PM Luggage received: Date / / Time AM PM

How long was your luggage delayed? Has compensation been received from the carrier: Yes No
(If yes, please provide evidence of this)

Flight Number Flight Date / / Booking Reference Number

Loss, Theft or Damage Claims Only

Where and when did the loss, theft or damage occur?

Loss, theft or damage discovered:
 Date / / Time AM PM Place of Incident (country, resort, town)

Was the incident reported to:
 Police: Date / / Time AM PM Reference number

Carrier eg. Airline: Date / / Time AM PM Reference number

Detail below the full circumstances surrounding the incident and the precautions taken to protect your property

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

Loss and theft claims only: What action 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.

Have you or anyone else claiming made any previous claims for personal effects or money: Yes No *If yes, please give full details below:*

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:*

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

1. Original evidence to show your dates of outward and return travel (booking invoice, travel tickets, itinerary etc.).
2. A police report, if property was lost or stolen other than whilst in the custody of an airline.
3. If the 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 from the airline that no payment has been issued to you and all used travel tickets and baggage tags.
4. For all personal possession claims, please provide pre-loss supporting documentation in the form of receipts or visa / bank statements showing the purchase of the items claimed for. Please also forward the manuals and guarantee documentation for any watches, cameras or other electrical or electronic goods.
5. **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.
6. **Cash claims only** – we require pre-loss supporting documentation in the form of Bank or Building Society statements, currency exchange slips etc.
7. **Baggage delay claims only** – receipts for necessary purchases of clothing and toiletries and the airlines confirmation of the incident and the date and time your luggage arrived.
8. **Loss of passport / travel document claims only** - receipts for travel, accommodation and communication expenses to obtain a replacement passport or travel document. Please ensure you advise the expiry date of the lost / stolen passport on this form.

Details of damaged, stolen, destroyed or lost Personal Baggage *(continue on a separate sheet at the end of the form if necessary)*

Please provide full details of each item claimed for. For cameras give make and model number, lens details etc. For watches give make, model, nature and quality of metal from which the case was made, type of strap, number of jewels etc. For jewellery give nature and quality of the metal content, size and type of stones etc. Purchase receipts and valuations must be provided wherever possible.

Ref	Description of item	Owner	Where purchased	Date acquired	Purchase method <i>(card, cash etc)</i>	Purchase price	Office use only
Total Claimed							

Please indicate if you took out the E2 Additional specified items cover for the items you have listed above:

Yes No

Please indicate whether any of the items are specifically insured elsewhere (if so please indicate which items):

Yes No

Details of damaged, stolen, destroyed or lost money. *Currency exchange slips or bank statements showing the withdrawal of the cash claimed must be provided. (continue on a separate sheet at the end of the form if necessary)*

Ref	Owner	Description of Item	Date	Cost	Currency A\$	Date of expiry of original passport	Office use only
Total Claimed							

Loss of passport / travel documents claims only – detail the expenses you incurred in obtaining a replacement passport or travel document
(continue on a separate sheet at the end of the form if necessary)

Ref	Owner	Description of Item	Date	Cost	Currency A\$	Date of expiry of original passport	Office use only
Total Claimed							

Baggage delay claims only *(continue on a separate sheet at the end of the form if necessary)*

Ref	Owner	Description of Item	Date	Cost	Currency A\$	Date of expiry of original passport	Office use only
Total Claimed							

IMPORTANT NOTE: THIS POLICY IS AN INDEMNITY POLICY WHICH WILL RESTORE THE SITUATION TO WHAT IT WAS AT THE TIME OF LOSS. This means settlement is calculated at the value at time of loss, after deduction for age, wear, tear and depreciation.

Bank Details

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

Name of Account Holder

BSB

Account Number

Additional space to continue any questions necessary