

# Curtailment (cutting short your trip) and Additional Emergency Expenses

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.

<b>Claimant Details</b>	<b>Claim Reference (if known)</b> <input style="width:90%;" type="text"/>
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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"/>	
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"/>		Work Phone	
		Mobile	
		Email	
State	Postcode		
<input type="text"/>	<input type="text"/>		

## Policy Details

Policy Number	Date Issued	Number of Travellers	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
Independent Travel Arrangements: Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, provide the following*:		
*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  No  If yes, what is your input tax credit entitlement percentage: (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.

### For medical related claims:

- I authorise any doctor, hospital, travel insurer or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Auto & General Insurance Company Limited or their agents. I understand that in executing this authorisation, I waive the right for such information / records to be privileged. I am also aware that such information / records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.

### 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](mailto: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"/>

**Curtailment Details**

Date of scheduled return  /  /

Number of days booked

Actual return date  /  /

Number of days unused

If your trip was shortened due to a person who was not travelling with you, please state their name and relationship to you:

Name  Relationship

Was any attempt made to revalidate or use your original tickets: Yes  No

If yes, were you successful in your attempts: Yes  No

If no, please provide an explanation as to why no attempt was made to revalidate your tickets (continue on a separate sheet at the end of the form if necessary)

Names and ages of all those shortening their trip:

Name  Date of Birth  /  /

Name  Date of Birth  /  /

Name  Date of Birth  /  /

Name  Date of Birth  /  /

Name  Date of Birth  /  /

Name  Date of Birth  /  /

Did you contact Budget Direct: Yes  No  If no, please explain below: (continue on a separate sheet at the end of the form if necessary)

First call: Date  /  /  Time  AM  PM

Name of person spoken to  Reference No

Please detail the reasons for shortening the trip (continue on a separate sheet at the end of the form if necessary)

List of additional and unused expenses (continue on a separate sheet at the end of the form if necessary)

Receipt number	Date	Description of item	Currency	Amount	Paid Y / N
				<b>Total Claimed</b>	

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, eg booking invoice, travel tickets, itinerary etc. and a full breakdown of the total holiday cost.
- All unused and used travel tickets, itineraries etc.
- Original evidence of all additional travel expenses.
- If the trip is cut short due to a medical condition, including death of someone, the attached medical certificate should be completed by the usual GP of the individual whose condition has caused the submission of this claim.
- If shortening the trip was due to injury or illness of a person travelling on the trip, please provide written confirmation from the relevant overseas physician to confirm the medical necessity of the trip being shortened.
- If trip being shortened is due to a death, we require a certified copy of the death certificate. In addition, if the deceased was an insured person, we require a copy of the Grant of Probate of Letters of Administration issued in respect of the deceased's estate.
- If this claim is being submitted as a result of an injury please provide a full description of the incident leading to the injury, if a third party was involved please provide their details and those of their insurer if available.
- If the trip being shortened is for a reason other than those detailed in points 4 and 5 please forward independent written evidence of the incident or circumstances.

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

Please return this claim form to:  
**Budget Direct Travel Insurance, PO Box 547, Pyrmont NSW 2009**

**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:*

Method of payment for the trip: Cash  Cheque  Credit / Debit Card  Reward points / Airmiles

If a Credit / Debit card was used to pay all or some of the trip cost, please state:

Name of card supplier	Card type

**Previous Claims**

Have you made any previous claims on this type of insurance: Yes  No  *(If yes, please provide details)*  
*(continue on separate sheet at end of form if necessary)*

At the time of purchase of the policy or date of travel were you aware of any reason why the trip may need to be cut short: Yes  No   
*(If yes, please provide additional information)*

**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**