

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)

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

**Policy Details**

<b>Policy Number</b>	<b>Date Issued</b>	<b>Number of Travellers</b>	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
<b>Independent Travel Arrangements:</b>	<i>If no, provide the following*:</i>		
Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>*Travel Agent and Branch</b>	<b>*Tour Operator</b>		
<input type="text"/>	<input type="text"/>		
<b>Date of Booking</b>	<b>Departure Date</b>	<b>Return Date</b>	<b>Total Days</b>
<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"/>
<b>Country</b>	<b>Resort / Town</b>		
<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)**

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

**Personal Accident, Personal Liability and Legal Expenses**

Type of claim: Personal Accident

Personal Liability

Legal Expenses

**Additional space to continue any questions necessary**

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

**Personal Accident Claims**

1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
2. Send us a full account of the circumstances leading to the accident and the injuries sustained, including details of any witnesses or third parties involved in the incident.
3. Please provide the details of your regular general practitioner and any specialists from whom you have received treatment and your written confirmation that we may contact them for further information.

**Personal Liability Claims**

1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
2. Send us ALL correspondence received from any third party – **DO NOT ANSWER CORRESPONDENCE**
3. Provide a fully detailed account of the incident, including damage, injuries and names and addresses of any witnesses or third parties involved (continue on a separate sheet if necessary).

**Legal Expenses Claims**

1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
2. Provide a fully detailed account of the incident, including damage, injuries and names and addresses of any witnesses or third parties involved (continue on a separate sheet if necessary).
3. Please provide details of your registered medical practitioner and any specialists from whom you have received treatment, together with your written consent to contact them for further information.
4. Send us ALL correspondence received from any third party – **DO NOT ANSWER CORRESPONDENCE**

**Special Note:** Do not under **ANY** circumstances talk or write to any person regarding the incident, as this **WILL** invalidate your claim.

**Third Party Contact Details**

Please provide all third party contact details

**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 on page 2 of the form if necessary)*

**Bank Details**

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

Name of Account Holder

BSB  Account Number