

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> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If no, provide the following*:</i>		
<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>
<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"/>

**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	
							<b>Total Claimed</b>	

**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
<b>Cost</b>			
<b>Start date</b>			
<b>End date</b>			
<b>Number of days lost</b>			

**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 only	
					<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, (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 in 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

**Additional space to continue any questions necessary**

Large empty rectangular area for providing additional information or questions.