

## Section 1 - Your Personal Details

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Policy No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Travel Dates: \_\_\_\_\_ to \_\_\_\_\_ Date Of Incident: \_\_\_\_\_

Location Of Incident: \_\_\_\_\_

If your claim is approved and where a cash settlement applies, we will deposit your settlement directly into your nominated bank account.

BSB: \_\_\_\_\_ Account Number \_\_\_\_\_

Name of Bank \_\_\_\_\_ Name Of Account \_\_\_\_\_

## Section 2 - How Did You Pay For Your Trip?

Did You Use A Credit Card To Purchase Any Of Your Original Travel Arrangements Prior To Departure?  Yes  No

If Yes, What Level Is The Credit Card?  Gold  Platinum  Diamond  Other \_\_\_\_\_

Complete Name On The Credit Card: \_\_\_\_\_

Name Of The Financial Institute: \_\_\_\_\_

### Claim Declaration

I declare that the above information provided by me is true and correct to the best of my knowledge.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 3 – What Are You Claiming For?

### A) Medical

As well as completing the following information, please also enclose the following documents:

- ✓ Your original itinerary.
- ✓ Receipts and proof of payment for the medical expenses you have incurred.
- ✓ A medical report from your treating medical officer in the country where you incurred the expense. This will need to include your diagnosis, treatment plan and any fit to travel notations.
- ✓ Your discharge summary if you were hospitalised.

### Your Medical Summary

Please Describe The Nature Of Your Injury/Illness: \_\_\_\_\_  
 \_\_\_\_\_

Have You Ever Suffered From The Same Medical Condition Before?  Yes  No

Did You Contact Our Emergency Assistance Team?  Yes  No

Name Of Overseas Doctor: \_\_\_\_\_ Name Of Medical Practice: \_\_\_\_\_

Hospital Attended: \_\_\_\_\_

Dates In Hospital - Admitted: \_\_\_\_\_

Discharged: \_\_\_\_\_

### Medical Expenses

| Name Of Patient | Name Of Hospital/ Practice | Date Of Expense | Currency | Amount        |
|-----------------|----------------------------|-----------------|----------|---------------|
|                 |                            |                 |          | _____ . _____ |
|                 |                            |                 |          | _____ . _____ |
|                 |                            |                 |          | _____ . _____ |
|                 |                            |                 |          | _____ . _____ |

## B) Cancellations Charges/Loss Of Deposit Claim

As well as completing the following information, please also enclose the following documents:

- ✓ Your original itinerary including the terms and conditions/fare rules for the booking.
- ✓ A tax invoice/statement of accounts showing the total cost of your travel arrangements.
- ✓ Your proof of payment for your travel arrangements.
- ✓ The refund advice from individual travel providers relating to your trip.
- ✓ Proof supporting the reason for cancellation.

## Your Claim Summary

When Did You Book Your Trip? \_\_\_\_\_

How Did You Book It? (Travel Agent, Online, Group Booking) \_\_\_\_\_

Intended Departure Date: \_\_\_\_\_

Date Of Cancellation: \_\_\_\_\_

**Why Was Your Trip Cancelled:**

## Cancellation Or Lost Deposit Expenses

| Date Purchased | Description | Amount Paid | Any Refund Recieved | Amount Claimed    |
|----------------|-------------|-------------|---------------------|-------------------|
|                |             |             |                     | _____ . _____ AUD |
|                |             |             |                     | _____ . _____ AUD |
|                |             |             |                     | _____ . _____ AUD |
|                |             |             |                     | _____ . _____ AUD |

## C) Additional Expenses Claim

As well as completing the following information, please also enclose the following documents:

- ✓ Original and amended flight itinerary including the terms and conditions/fare rules for the booking.
- ✓ A tax invoice showing the total cost of your travel and/or accommodation arrangements.
- ✓ Receipts/proof of payment for the additional expenses claimed.
- ✓ Refund advice for your original arrangements that were unused due to your delay.

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## Expense Claim Summary

Details Of The Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Unexpected Expenses Summary

| Date Of Expense | Description | Currency | Amount        |
|-----------------|-------------|----------|---------------|
|                 |             |          | _____ . _____ |
|                 |             |          | _____ . _____ |
|                 |             |          | _____ . _____ |
|                 |             |          | _____ . _____ |

## D) Luggage and Personal Effects Claim

- ✓ Your original itinerary.
- ✓ Proof of Ownership for the items that were lost, stolen or damaged (e.g. Receipts/Bank Statements).
- ✓ Proof of Loss (i.e. Police report, report to hotel, airline etc.).
- ✓ If the item is damaged, a repair quote from a reputable provider.

## Luggage & Personal Effects Summary

How Did The Loss, Damage Or Theft Occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Loss/Damaged Occurred: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Do You Hold Any Other Insurance Cover For The Item/s Listed (eg. contents insurance)?  Yes  No

Details Of This Insurance: \_\_\_\_\_  
\_\_\_\_\_

The Event Was Reported To? (Police, Airline or another Authority): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Luggage & Personal Effects Expenses

| Description | Original Date Of Purchase | Date Of Loss | Amount Claimed |
|-------------|---------------------------|--------------|----------------|
|             |                           |              | \$ _____.      |
|             |                           |              | \$ _____.      |
|             |                           |              | \$ _____.      |
|             |                           |              | \$ _____.      |

## Section 4 – Other Claimable Events

This section relates to an event not included in section 3 of this form.

Please Provide A Brief Description Of The Circumstances Relating To This Claim:

Where Appropriate Please Attach Any Additional Documentation To Support Your Claim.

| Date Of Expense | Description | Currency | Amount        |
|-----------------|-------------|----------|---------------|
|                 |             |          | _____ . _____ |
|                 |             |          | _____ . _____ |
|                 |             |          | _____ . _____ |
|                 |             |          | _____ . _____ |

## How To Send The Claims Form To Us.

Please return the completed claim form with the necessary supporting documentation to us by email:

**claims@1Cover.com.au**

Alternatively, if you are posting us any original documents please make sure you register the parcel and have backup copies.

1Cover Claims

PO BOX 6798, Baulkham Hills, NSW 2153