

Avant Travel Cover claim form



Insurer: **QBE Insurance (Australia) Limited** ABN 78 003 191 035 AFSL 239 545

Please return the completed form by email to avantclaims@qbe.com

The issue of this form does not constitute an admission of liability on the part of the insurer.

Policy number		Claim number	
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How to complete this claim form

1. Please complete the policy details section and any of the following sections which relate to your claim.
2. Please ensure that this form is signed and that all questions are answered fully.
3. We may ask for details of your medical history, or of the person whose accident, illness or death necessitated additional expenditure or the cancellation of the journey. Such information must be obtained at your expense.
4. To avoid delay in processing your claim, please ensure that all necessary documentation specified in the section relevant to your claim is sent with this form.
5. Claims may be subject to an excess as described in the Policy.

Insured's details					
Name of insured company		Avant Mutual Group Limited			
Claimant's name (block letters)	Surname		Given name(s)		
Postal address				State/Territory/NZ	Postcode
Occupation				Date of birth (dd/mm/yyyy)	
Contact details	Business			Private	
	Mobile			Email	
Traveller's relationship to the insured company					
Was this authorised business travel or leisure travel ?					
Are you registered for GST ?	Yes	No	What is your ABN?		
Have you claimed or intend to claim an input tax credit on GST		Yes	No		
Will you be claiming an amount less than 100%		Yes	No	Specify amount claimed	\$
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged				Yes	No
Will you be claiming an amount less than 100% ?		Yes	No		

Travel Information and incident details					
Details of journey	Date of departure (dd/mm/yyyy)				
	Date of return (dd/mm/yyyy)		Expected return (dd/mm/yyyy)		
Travel agent			Telephone		
Date of Event (accident/damage/theft/loss/injury/illness): (dd/mm/yyyy)					
Country of event			City of event		
Please advise how the accidental/damage/theft/loss/injury/illness occurred:					
Was the incident reported to Police or any other authority?		Yes	No		
Police report / event number					
Has Fullerton Assistance been contacted?		Yes	No		

Other Insurance

Are you making or entitled to make any other insurance or compensation claim?

Sick leave	Yes	No	Motor Compensation	Yes	No	Other government benefits	Yes	No
Workers' compensation	Yes	No	Private health insurance	Yes	No	Superannuation life insurance	Yes	No
Other insurance								
Name of fund/insurance company								

Claim payment details - electronic funds transfer

For faster payment of your claim, please provide your bank account details below:

Bank name		BSB	
Account name		Account number	

Section A - Capital benefits

Section B & C - Weekly benefits - Injury and Illness

Section D - Injury assistance for non-earners

Section F - Overseas medical and associated expenses

If you are claiming due to an injury or illness occurring on a journey, please provide the following details:

Did you suffer from an: Injury Illness Are you claiming for a capital benefit, loss of income or medical expenses

The following documents are required in support of your claim. Please tick (✓) when attached

Original medical/hospital accounts detailing illness/medical condition	Accounts in support of accommodation expenses
Medical certificate supporting need for altered travel plans	Copy of travel itinerary
Attending physician's statement	If your claim is under Section B or C, your personal/ business income tax returns for full financial year immediately preceding the injury or illness for which you are claiming

Date of accident, illness or circumstances (dd/mm/yyyy) Time am pm Country

If you ticked the box above for 'loss of income' type claim, please provide the following details:

When did you become totally disabled (unable to work)?	Date (dd/mm/yyyy)	Time	am	pm	and If still disabled
When do you expect to return to work	Date (dd/mm/yyyy)	Time	am	pm	

Particulars of claim.

If your claim arises from injury or illness, please specify the nature of such injury or illness.

Name of person whose injury or illness caused additional expenditure

If additional expenses have been incurred as the result of an accident, illness or death of a person in Australia, please state:

Their relationship to you

Has the illness or injury occurred before? Yes No

If "yes" please supply the following details

Usual doctor's name

Doctor's telephone no. Date (dd/mm/yyyy)

Expenditure for which reimbursement is claimed Amount claimed

1. Provider (eg. Dr. J. Smith, Bali Hospital etc.)	Service (i.e. medical, hospital etc.)	Amount claimed
		\$
		\$
		\$

Section A - Capital benefits
Section B & C - Weekly benefits - Injury and Illness
Section D - Injury assistance for non-earners
Section F - Overseas medical and associated expenses

2. Additional expenses

		\$
		\$
		\$

Section H - Baggage and personal effects
Section I - Money, cards and travel documents

The following documents are required in support of your claim. Please tick (✓) when attached

Police or responsible authority's report	Original purchase receipts/proof of ownership		
Quotation for repair of damage	Transport provider's report		
Receipts of all essential items	Date of loss (dd/mm/yyyy)	Time	am pm
Location	Country		

Please state exactly what happened.

If space is insufficient, please attach details and a sketch if necessary.

Did you take any action to recover the lost articles?

If space is insufficient, please attach details.

Which responsible authority (e.g. police) was notified?

Location

Date notified (dd/mm/yyyy) Time am pm

if you are claiming for delayed luggage, please provide the following information:

Date flight arrived (dd/mm/yyyy) Flight number

Date baggage arrived (dd/mm/yyyy) How long was your baggage delayed hours/days.

Essential items purchase e.g shoes	Currency	Amount paid
		\$
		\$
		\$
		\$
		\$
		\$

Section L - Loss of deposits, cancellation and additional expenses

The following documents are required in support of your claim. Please tick (✓) when attached

Doctor's certificate

Travel agent's letter confirming details of tour costings and cancellation charges

Transport provider's reports

Reasons for cancellation

Date of cancellation (dd/mm/yyyy)

Where cancellation was due to accident, illness or death, please state the name of the person whose accident, illness or death necessitated the cancellation:

Name

Relationship to insured

Amount claimed for irrecoverable prepaid travel costs \$

Medical authority

This section is about medical, cancellation and/or additional expenses.

I authorise any hospital, physician or other person who has attended or examined me to furnish to QBE or their representative any and all information in respect of treatment given for:

A copy, including an electronically transmitted copy, of this authorisation is considered as effective and valid as the original.

Name of usual doctor

Address of usual doctor

State/Territory/NZ

Postcode

Medical Authority: I authorise any hospital, physician or other person who attended me, to give QBE or its representative any or all information with respect to any illness or injury, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. I also agree that copies of all employer records including verification of earnings can be provided.

A copy, including an electronically transmitted copy, of this authorisation is considered as effective and valid as the original.

Claimant's signature

X

Date (dd/mm/yyyy)

Authorised officer of the insured

Name

Signature

X

Date (dd/mm/yyyy)

QBE and your privacy

QBE's Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our **Privacy Policy** at qbe.com.au/privacy, or to obtain a copy by phoning us on **133 723** or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.