

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

Member 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.

Avant member's details				
Name of insured company	Avant Mutual Group Limited			
Avant member's name	Surname	Given name(s)		
Who is claiming?	Surname	Given name(s)		
What is the claimant's relationship to Avant member?				
*Please note, further evidence may be requested supportive of the above				
Address of claimant			State/Territory/NZ	Postcode
Date of birth (dd/mm/yyyy) of member				
Date of birth (dd/mm/yyyy) of claimant				
Contact Details for claim	Mobile:	Email:		
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	Initial date of booking		Date of departure	
	Date of return		Actual date of return <i>(if different)</i>	
Date of Event (accident/damage/theft/loss/injury/illness):				
Country of event			City of event	
Please advise how the accidental/damage/theft/loss/injury/illness occurred:				
Has QBE's emergency assist provider been contacted?	Yes	No		

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	

What section of the policy are you claiming for? Select multiple, if possible:

- Section A: Capital benefits (*refer to page 2*)
- Section B, C, D: Loss of income/Weekly benefits and/or Injury assistance (*refer to page 2*)
- Section F: Overseas medical and associated expenses (*refer to page 2*)
- Section H, I: Baggage and personal effects and/or Money, cards and travel documents (*refer to page 3*)
- Section L: Loss of deposits, cancellation and additional expenses (*refer to page 3*)
- Section M: Rental vehicle excess (*refer to page 3*)

Section A - Capital benefits

Documents required (those applicable to your claim)

Full flight itinerary

Medical documents including letters, reports, scans, x-rays etc

Treating doctor's details from your usual place of residence:

Name		Contact details	
Medical practice			

Section B & C - Weekly benefits/injury and illness

Section D - Injury assistance for non-earners

Documents required (those applicable to your claim)

Full flight itinerary

Medical documents including letters, reports, scans, x-rays etc (*please note we may request an Attending Physician Statement form to be completed*)

Proof of pre-injury income (for income earners)

Tax file number declaration (for income earners)

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

Treating doctor's details from your usual place of residence:

Name		Contact details	
Medical practice			

Any other information (*further to page 1*)

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Section F - Overseas medical and associated expenses

Documents required (those applicable to your claim)

Full flight itinerary

Medical documents including letters, reports, scans, x-rays etc

Bank statements showing amounts paid in AUD

Receipts/invoices for associated expenses

Any other information (*further to page 1*)

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

Documents required (those applicable to your claim)

- Full flight itinerary
- Police/incident report
- Repair report and quotation
- Proof of ownership (e.g original receipts, valuation, bank statement, phone contract etc)
- Receipts for emergency replacement purchases
- Bank statements showing amounts paid in AUD
- Delayed baggage airline confirmation including date/time of returned luggage
- Confirmation of any compensation eligible from airline provider

Any other information (further to page 1)

If you are claiming for delayed or lost 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
Please list the items you have purchased/lost (if this space is insufficient to list your claimed items, please provide a separate list i.e. Word or Excel document)		Currency	Amount paid
			\$
			\$
			\$
			\$
			\$

Section L - Loss of deposits, cancellations and additional expenses

Documents required (those applicable to your claim)

- Full flight itinerary
- Medical documents including letters, reports, scans, x-rays etc and/or Doctor's Certificate
- Delayed/cancelled flight confirmation from airline
- Original booking details outlining any terms and conditions
- Receipts/invoices for any cancelled and/or additional expenses
- Confirmation of any refundable/non-refundable amounts from travel/service provider
- Bank statements showing amounts paid in AUD

Any other information (further to page 1)

Section M - Refund of motor vehicle excess

Documents required (those applicable to your claim)

- Full flight itinerary
- Rental Agreement
- Damage/incident report
- Repair report
- Receipt of excess amount charged
- Bank Statements showing amounts paid in AUD

Any other information (further to page 1)

Please note, we may require and request additional information from yourself to assist with assessment of your claim further to the listed *Documents Required*. Any documentation of sensitive nature or unrelated information to your claim can be redacted (e.g. bank statements, card payments etc).

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	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
Authorised officer of the insured				
Name		<input type="text"/>		
Signature	X	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>

Privacy

Our 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 www.qbe.com.au/privacy, or to obtain a copy by phoning us on 133 723 or requesting it from our authorized 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 don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/we understand the claim may be refused if information is not true or is withheld.
2. I/we authorise QBE to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of insured	X	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
Signature of insured	X	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>