

**You must register any claim within 30 days after completion of your travel. You need to supply to us original documents of the evidence you intend to rely upon in your claim, by registered post to ensure delivery.**

Claimant Details		Claim Reference (if known)	
Title (Mr/Mrs etc)	Surname	Forename(s)	Date of Birth
			/ /
Nationality	Occupation		
Medicare Number	Parent/Guardian's Medicare Number (If medical claim is for a minor)		
Home Address	<div>Home Phone</div> <div>Work Phone</div> <div>Mobile</div>		
State	Postcode	Email	

Policy Details			
Policy Number	Date Issued	Number in Party	
	/ /		
Independent Travel Arrangements: Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, provide the following *:		
*Travel Agent & Branch	*Tour Operator		
Date of Booking	Departure Date	Return Date	Total Days
/ /	/ /	/ /	
Country	Resort/Town		

**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 by the use of legal action.**

I/We hereby declare that:

- All information and documents submitted for this claim are true and correct.
- Information on this form will be used by Mapfre Insurance Services Australia Pty Ltd (Tick Travel Insurance) for my insurance which includes underwriting, claims handling, fraud prevention and could include passing to other insurers to access my previous claims history.
- We subrogate rights of recovery to Mapfre Insurance Services Australia Pty Ltd (Tick Travel Insurance) and also consent to them seeking reimbursement of any medical expenses paid by them.

**For medical related claims:**

4. This is an Authority by me for any doctor, hospital, insurer, other organisation or person having any records or information concerning my medical history/treatment to furnish records/information as may be requested by Mapfre Insurance Services Australia Pty Ltd (Tick Travel Insurance) or their agents. 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.

**I have read and fully understand the declarations above (ALL persons claiming must sign below)**

**Privacy Statement & Consent**

☐ **I have read, understood and agree with the Privacy Statement below**

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be collected, held, used and disclosed by us to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

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 service providers, investigators, our specialist advisors, our service providers, or as required or authorised by law.

Your personal information may be disclosed to entities and parties located overseas, including Spain, United Kingdom and the Philippines. Your personal information may also be disclosed to entities and parties in the countries and regions nominated under your insurance policy, or any other regions where you may require assistance.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at [www.tickinsurance.com.au/privacy-policy.html](http://www.tickinsurance.com.au/privacy-policy.html) or contact us at [info@tickinsurance.com.au](mailto:info@tickinsurance.com.au).

Claimant's Name	Signature	Date of Birth	Date
		/ /	/ /
Claimant's Name	Signature	Date of Birth	Date
		/ /	/ /

## Personal Accident, Personal Liability and Legal Expenses

Type of claim: Personal Accident

## Personal Liability

## Legal Expenses

**Separate sheet 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 – THIS MUST BE UNANSWERED.
3. Provide a fully detailed account of the incident below, including damage, injuries and names and addresses of any witnesses or third parties involved. (Continue on a separate sheet if necessary.)

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

### 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 below, 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 – THIS MUST BE UNANSWERED.

**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 Insurances

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 (a 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 No

Has a claim been submitted to any other company for this incident: Yes ☐ No ☐  
Please provide details

Method of payment for the trip: Cash ☐ Cheque ☐ Credit/Debt Card ☐ Reward points/Airmiles ☐

If a Credit/ Debt card was used to pay all or some of the trip cost, please state:

Name of card supplier	Card type
<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"/>
<input type="text"/>	<input type="text"/>

### All 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 Tick Travel Insurance need to reimburse you we require your bank details as follows:

Name of Account Holder   
BSB  Account number