

You must register any claim within 30 days after completion of your travel. We prefer if you lodge your claim with us digitally, either through our Tick Website (<https://quote.tickinsurance.com.au/policylogin.aspx>) or emailing us a scanned copy of this claim form along with a copy of documents requested.

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		Home Phone	
		Work Phone	
		Mobile	
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 Europ Assistance 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 Europ Assistance 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 Europ Assistance 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 or contact us at info@tickinsurance.com.au.

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

Travel Delay

Scheduled departure from the international departure point: Date / / Time AM
PM

Place of scheduled departure Time of scheduled check-in for international departure AM
PM

Departure from your home address or resort: Date / / Time AM
PM

At what point in your journey did they delay occur/commence

Eventual travel: Date / / Time AM
PM

If the claim is submitted as a result of a motor vehicle accident involving a third party, please provide their details and those of their insurers below.

Third party's name Insurer's name

Third party's address Insurer's address

Policy No Claim No

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 etc.

Yes No *If yes, please supply the following details:*

Company/Insurer's name and address

Policy No

Has the claim been submitted to any other insurer, airline, carrier etc: Yes No If yes, give details including claim reference number *(continue on separate sheet at the end 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

Documents You Need to Send Us – **PLEASE NOTE WE DO NOT REQUIRE YOU TO POST YOUR ORIGINAL DOCUMENTS TO US.** Scanned copies sent digitally to us will do, either through email or uploaded when claiming on our website. Please keep all original claim forms, receipts and damaged items as evidence, as we may request for further evidence. If you choose to post your documents to us, please register your post to ensure delivery.

1. Evidence of travel showing names of all claimants and dates of BOOKED outward and return travel (booking invoice, travel tickets, itinerary etc.).
2. A letter from the transport company (airline, Bus Company etc.) with whom you were travelling when the delay occurred, detailing the cause and length of the delay you suffered.

If you are unable to supply any of the documentation requested please provide a written explanation as to why.

Separate sheet to continue any questions necessary

Lined area for providing details.