

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 Arrang	gements: Yes No	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:

1. All information and documents submitted for this claim are true and correct.

2. 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. 3. We subrogate rights of recovery to Europ Assistance Australia Pty Ltd (Tick Travel Insurance) and also consent to them seeking reimbursement of any medical

3. We subrogate rights of recovery to Europ Assistance Australia Pty Ltd (lick 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 Insurance Claim Form | Baggage Delay, Baggage and Money

Baggage Delay Claims Only						
Arrival in resort: Date / / Time	AM PM Lug	gage received: Da	te /	/	Time	AM PM
How long was your luggage delayed		tion been received provide documenta			No	
Flight Number Flight Date	/ /	PIR or Airline	Reference Numb	ber		
Loss, Theft or Damage Claims Only						
Where and when did the loss, theft or damage occur Loss, theft or damage discovered:						
И И РМ	Place of Incident <i>(co</i>	untry, resort, town)				
Was the incident reported to the: Police: Date / Time	AM PM Reference r	umber				
Carrier eg. Airline: Date / / Time	0.04	eference number				
Detail below the full circumstances surrounding the incide	ent and the precaut	ons taken to protec	t your property			
Where were the items at the time of the loss, theft or da	mage					
Loss and theft claims only: What action did you take to a your holiday rep, rental car company or hotel etc? Please					other author	ity, eg.
Have you or anyone else claiming made any previous clai	ms for personal effe	octs or money: V	es No			
If yes, please give full details below:						
Do you/your family or anyone else claiming have any oth account, tour operator/travel agent or household insurerYesNo		may cover this loss,	eg. travel insur	ance with yo	our bank/creo	dit card
Insurer Name and Address						
Policy/Account No	Name of Policy Hol	der				
Has a claim been submitted to any other party, eg. other	insurer, airline or ca	arrier etc: Ye	es No			
If yes, give details and claim reference number						
Documents You Need to Send Us – PLEASE NOTE WE DO NOT to us will do, either through email or uploaded when claiming or may request for further evidence. If you choose to post your do	n our website. Please	keep all original claim	forms, receipts an			
 Original evidence to show your dates of outward and return trainvoice, travel tickets, itinerary etc.) 	vel, (booking 5.	Damage claims only damaged beyond repa	ir we require writte	en confirmatio	on from a relev	ant
2. A police report, if property was lost or stolen other than whilst a carrier.		tradesman. Please ret forwarded to our office	es.		, ,	
3. If the claim is for property lost, stolen or damaged whilst in the carrier, please forward the report issued by the carrier or their confirmation from the carrier that no payment has been issued	e custody of a agent, written	Cash claims only – w of Bank or Building So Baggage delay clain	ociety statements, o ns only - receipts f	currency exch for necessary	ange slips etc. purchases of c	lothing
used travel tickets and baggage tags.	porting	and toiletries and the time your luggage arr	carriers confirmation	on of the incic	ient and the da	ate and
documentation in the form of receipts or visa/bank statements purchase of the items claimed for. Please also forward the manu guarantee documentation for any watches, cameras or other el- electronic goods.	uals and	Loss of passport/tra accommodation and c or travel document. Pl passport overleaf.	ommunication expe	enses to obtai	in a replacemei	nt passport

Travel Insurance Claim Form | Baggage Delay, Baggage and Money

Details of damaged, stolen, destroyed or lost Personal Baggage (continue on a separate sheet at the end of the form if necessary)

Please provide full details of each item claimed for. For cameras give make and model number, lens details etc. For watches give make, model, nature and quality of metal from which the case was made, type of strap, number of jewels etc. For jewellery give nature and quality of the metal content, size and type of stones etc. Purchase receipts and valuations must be provided wherever possible.

Ref	Description of item	Owner	Where purchased	Date acquired	Purchase method (card, cash etc)	Purchase price	Office use only
						Total Claimed	

Please indicate if you took out the E2 Additional specified items cover for the items you have listed above: Yes Yes

Please indicate whether any of the items are specifically insured elsewhere (if so please indicate which items):

Details of damaged, stolen, destroyed or lost money. Currency exchange slips or bank statements showing the withdrawal of the cash claimed must be provided. (Continue on a separate sheet at the end of the form if necessary)

Ref	Owner	Travellers Cheques	Total Cash A\$	Foreign Currency	Cash A\$	Foreign Currency	Office use only
					Total Claimed		

Loss of passport/travel documents claims only - detail the expenses you incurred in obtaining a replacement passport or travel document (continue on a separate sheet at the end of the form if necessary)

Ref	Owner	Travellers Cheques	Total Cash A\$	Foreign Currency	Cash A\$	Foreign Currency	Office use only
						Total Claimed	

Baggage delay claims only (continue on a separate sheet at the end of the form if necessary)

Ref	Owner	Travellers Cheques	Total Cash A\$	Foreign Currency	Cash A\$	Foreign Currency	Office use only
						Total Claimed	

IMPORTANT NOTE: THIS POLICY IS AN INDEMNITY POLICY WHICH WILL RESTORE THE SITUATION TO WHAT IT WAS AT THE TIME OF LOSS. This means settlement is calculated at the value at time of loss, after deduction for age, wear, tear and depreciation

> Europ Assistance Australia Pty Ltd (Tick Travel Insurance) +61 2 9333 3901 | assistance@tickinsurance.com.au

No

No

Bank Details					
Should Tick Travel Insurance need to reimburse you we require your bank details as follows:					
Name of Account Holder					
BSB	Account number				
Separate sheet to continue any question	ons necessary				