

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](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
		/ /	/ /

**Curtailment Details**

Date of scheduled return  /  /  Number of days booked

Actual return date  /  /  Number of days unused

If your curtailment was due to a person who was not travelling with you, please state their name and relationship to you:

Name  Relationship

Was any attempt made to revalidate or use your original tickets: Yes  No

If yes, were you successful in your attempts: Yes  No

If no, please provide an explanation as to why no attempt was made to revalidate your tickets  
(continue on a separate sheet at the end of the form if necessary)

Names and ages of all those curtailing:

Name <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Name <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Name <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Name <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>

Did you contact Tick Travel Insurance  Yes  No  If no, please explain below:  
(continue on a separate sheet at the end of the form if necessary)

First call: Date  /  /  Time  AM  PM

Name of person spoken to  Reference No

Please detail the reasons for curtailment (continue on a separate sheet at the end of the form if necessary)

List of additional and unused expenses (continue on a separate sheet at the end of the form if necessary)

Receipt number	Date	Description of item	Currency	Amount	Paid Y/N
				<b>Total Claimed</b>	

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.

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc. and a full breakdown of the total holiday cost.</li> <li>All unused and used travel tickets, itineraries etc.</li> <li>Original evidence of all additional travel expenses.</li> <li>If curtailment is due to the medical condition, including death, of someone in the attached medical certificate should be completed by the usual GP of the individual whose condition has caused the submission of this claim.</li> <li>If curtailment was due to injury or illness of a person travelling on the trip, please provide written confirmation from the relevant overseas physician to confirm the medical necessity of the curtailment.</li> </ol> | <ol style="list-style-type: none"> <li>If curtailment is due to a death, we require a certified copy of the death certificate. In addition, if the deceased was an insured person, we require a copy of the Grant of Probate or Letters of Administration issued in respect of the deceased's estate.</li> <li>If this claim is being submitted as a result of an injury please provide a full description of the incident leading to the injury, if a third party was involved please provide their details and those of their insurer if available.</li> <li>If curtailment is for a reason other than those detailed in points 3 and 4 please forward independent written evidence of the incident or circumstances</li> </ol> |
|--|---|

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

**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 Number

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

**Previous Claims**

Have you made any previous claims on this type of insurance: Yes  No

*(If yes, please provide details)*

At the time of purchase of the policy or date of travel were you aware of any reason why the trip may need to be cut short: Yes  No

*(If yes, please provide additional information)*

**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 questions necessary**

Lined area for providing additional information or answers to questions.