

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
		/ /	/ /

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 – **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.

### **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 you 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.)
- 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 you claim.

Third Party Contact Details					
Please provide all third party contact details					
Other Insurances					
Do you (or anyone else claiming) have any oth operator/travel agent or home contents insura Yes No If yes, please so	ner insurance which may co nce etc) NB (a contribution apply the following details:	over this trip (e n payment is r	eg. travel insurance with normal practice where 2 µ	your bank/credit card account, tour policies cover the same loss)	
Company name and address					
Policy No					
Has a claim been submitted to any other comp Please provide details	eany for this incident: Yes	No			
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 so		state:			
Name of card supplie	۲ 		Card ty	pe	
All Claims					
Have you made any previous claims on this ty (continue on separate sheet on page 2 of the r		No	If yes, please pro	ovide details	
(continue on separate sheet on page 2 of the f	onn in 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				
Europ A	ssistance Australia Pty	Ltd (Tick Tr	avel Insurance)	3	

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