

Corporate travel claim

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545



Please return the completed claim form to your Broker or QBE Accident & Health Claims at accidentandhealth@qbe.com

The issue of this form does not constitute an admission of liability on the part of the insurer.

Policy number		Claim number	
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How to complete this claim form

1. Please complete the policy details section and any of the following sections which relate to your claim.
2. Please ensure that this form is signed and that all questions are answered fully.
3. We may ask for details of your medical history, or of the person whose accident, illness or death necessitated additional expenditure or the cancellation of the journey. Such information must be obtained at your expense.
4. To avoid delay in processing your claim, please ensure that all necessary documentation specified in the section relevant to your claim is sent with this form.
5. Claims may be subject to an excess as described in your Policy.

Insured's details									
Name of insured company									
Claimant's name (block letters)	Surname				Given name(s)				
Postal address									
						State/Territory		Postcode	
Occupation						Date of birth (dd/mm/yyyy)			
Contact details	Business				Private				
	Mobile				Email				
Traveller's relationship to the insured company									
Are you registered for GST?		Yes	No	What is your ABN?					
Have you claimed or intend to claim an input tax credit on GST					Yes	No			
Will you be claiming an amount less than 100%					Yes	No	Specify amount claimed	\$	
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged								Yes	No
Will you be claiming an amount less than 100%?					Yes	No			

Claim Payment Details - Electronic Funds Transfer			
For faster payment of your claim, please provide your bank account details below:			
Bank name		BSB	
Account name		Account number	

Other Insurance									
Are you making or entitled to make any other insurance or compensation claim?									
Sick leave	Yes	No	Motor Compensation	Yes	No	Other government benefits	Yes	No	
Workers' compensation	Yes	No	Private health insurance	Yes	No	Superannuation life insurance	Yes	No	
Other insurance									
Name of fund/insurance company									

Travel Information - To be completed by an Authorised Company Representative / Employer who can approve the listed travel

Was this authorised business travel or leisure travel ?			
Name of person who provided authority			
Their position in the company			
signature of authorised company representative		Date (dd/mm/yyyy)	

Dates of travel - To be completed by the traveller / insured member

Proposed dates of travel:	Departure date (dd/mm/yyyy)		Return date (dd/mm/yyyy)		
Actual dates of travel:	Departure date (dd/mm/yyyy)		Return date (dd/mm/yyyy)		
Date travel booked and paid (dd/mm/yyyy)					
Country or Countries to be visited					
Type of Travel? (Please select one or more)	Air	Sea	Rail	Bus	Hire Car
Reason for Travel	Business	Leisure	Business & Leisure		
Signature of travelling employee			Date (dd/mm/yyyy)		

Loss of deposits, signature of travelling employee, cancellation and additional expenses

The following documents are required in support of your claim. Please tick (✓) when attached

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|------------------------------|--|
| Doctor's certificate | Travel agent's letter confirming details of tour costings and cancellation charges |
| Transport provider's reports | Travel itinerary showing intended and actual departure and return to home location |

Reasons for cancellation

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Does your claim arise as a result of illness, injury or accident to yourself Yes No

Does your claim arise as a result of illness, injury or accident to some other person or relative as defined in the policy Yes No

First Name		Surname			
Address					
		State/Territory		Postcode	
Relationship		Age			
Date you advised Travel Agent to cancel bookings (dd/mm/yyyy)					

Has all or part of your travel been paid for? Yes No

Amount of deposit paid		Date paid (dd/mm/yyyy)		
Balance of full fare not paid		Date paid (dd/mm/yyyy)		
Total cost of travel		Value of forfeited portion of journey (if applicable)		
Refund received on cancellation		Full amount of booked travel being claimed		

Were any alternative arrangements offered? If yes, give details Yes No

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Did you accept any alternative arrangement?

Have you incurred any additional fares?		
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TOTAL AMOUNT BEING CLAIMED (you must specify the currency of your claim if not AUD)

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The following items must be included with this claim. (Photocopies can be submitted. If originals are submitted keep copies).

Please tick (✓) when attached

- Receipts and/or tickets relating to original and any additional expenses incurred
- Proof of cause ie. Original Doctor/Hospital certificate relating to injured or sick person or letter relating to cancellation, curtailment or diversion of scheduled public transport.

Overseas medical and associated expenses**Weekly benefits - Injury and Illness****Injury assistance for non-earners****Capital benefits**

If you are claiming due to an injury or illness occurring on a journey, please provide the following details:

Overseas medical and associated expenses									
Weekly benefits - Injury and Illness									
Injury assistance for non-earners									
Capital benefits									
Did you suffer from an:		Injury		Illness		Are you claiming for a capital benefit, loss of income or medical expenses			
The following documents are required in support of your claim. Please tick (✓) when attached									
Original medical/hospital accounts detailing illness/medical condition					Accounts in support of accommodation expenses				
Medical certificate supporting need for altered travel plans					Copy of travel itinerary				
Attending physician's statement					If your claim is under Section B or C, your personal/business income tax returns for full financial year immediately preceding the injury or illness for which you are claiming				
Date of accident, illness or circumstances (dd/mm/yyyy)			Time		am		pm		Country/City
If you ticked the box above for 'loss of income' type claim, please provide the following details:									
When did you become totally disabled (unable to work)?		Date (dd/mm/yyyy)		Time		am		pm	
When do you expect to return to work		Date (dd/mm/yyyy)		Time		am		pm	
Particulars of claim.									
If your claim arises from injury or illness, please specify the nature of such injury or illness.									
Name of person whose injury or illness caused additional expenditure									
If additional expenses have been incurred as the result of an accident, illness or death of a person not insured on this policy, please state:									
Their relationship to you									
Has the illness or injury occurred before?		Yes		No		If "yes please supply the following details			
Usual doctor's name									
Doctor's telephone no.				Date (dd/mm/yyyy)					
Expenditure for which reimbursement is claimed (if not enough space put on separate sheet.)								Amount claimed	
1. Provider (eg. Dr. J. Smith, Bali Hospital etc.)				Service (i.e. medical, hospital etc.)					
								\$	
								\$	
								\$	
2. Additional expenses									
								\$	
								\$	
								\$	

Baggage and personal effects

Money, cards and travel documents

The following documents are required in support of your claim. Please tick (✓) when attached

Police or responsible authority's report		Original purchase receipts/proof of ownership						
Quotation for repair of damage		Transport provider's report						
Receipts of all essential items		Date of loss (dd/mm/yyyy)			Time		am	pm
Location				Country				

Please state exactly what happened.

If space is insufficient, please attach details and a sketch if necessary.

Did you take any action to recover the lost articles?

If space is insufficient, please attach details.

Which responsible authority (e.g. police) was notified?					
Location					
Date notified (dd/mm/yyyy)		Time		am	pm
if you are claiming for delayed luggage, please provide the following information:					
Date flight arrived (dd/mm/yyyy)		Flight number			
Date baggage arrived (dd/mm/yyyy)		How long was your baggage delayed		hours/days.	
Claimed items (e.g shoes if not enough space put on separate sheet.)	Currency	Amount paid			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

Claim for rental vehicle excess waiver

The following items must be included with this claim. (Photocopies can be submitted. If originals are submitted keep copies)

Please tick (✓) when attached

The vehicle Rental Agreement	Notice from the rental company in respect of the excess of the excess or deductible
Bank Statement showing AUD amount	Documentation evidence payment of excess or deductible

Please provide a full description of the circumstances of the incident giving rise to the claim:

Amount charged by rental agency		Currency		Amount in AUD	
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Claim for Personal Liability

Bodily Injury - Party claiming against you details

Full Name		Surname	
Address			
	State/Territory	Postcode	

Details of Injury (Use separate sheet in insufficient room)

Details of damaged property - Party claiming damage against you details

Full Name		Surname	
Address			
	State/Territory	Postcode	

Details of damage (Use separate sheet in insufficient room)

Is the injury or damage related to a travelling companion? Yes No

Do you consider you were at fault? If so, why? Yes No

The following items must be included with this claim. (Photocopies can be submitted. If originals are submitted keep copies)

Letter or document and all details of the claim made on you.

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our **Privacy Policy** at www.qbe.com.au/privacy, or to obtain a copy by phoning us on **133 723** or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

Declaration and Authorisation

1. The information and answers given above are true, correct and complete in every detail.
2. I/we understand the claim may be refused if information is not true or is withheld.
3. I/we authorise QBE to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.
4. I/we consent to and authorise QBE collecting, disclosing, storing and using my personal information in accordance with its Privacy Policy.
5. Medical Authority: I authorise any hospital, physician or other person who attended me, to give QBE or its representative any or all information with respect to any illness or injury, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. I also agree that copies of all employer records including verification of earnings can be provided. A photocopy of this authorisation will be considered as effective and valid as the original.

Signature of Insured

1.

Date (dd/mm/yyyy)

Signature of Insured

2.

Date (dd/mm/yyyy)