

You must register any claim within 30 days after completion of your travel. You need to supply to us original documents of the evidence you intend to rely upon in your claim, by registered post to ensure delivery.

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, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would affect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Mapfre Insurance Services Australia Pty Ltd nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.
- I/We understand that the information on this form will be passed to or used by Mapfre Insurance Services Australia Pty Ltd for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers. This includes access to my previous claims with other insurers.
- I/We subrogate all rights of recovery to Mapfre Insurance Services Australia Pty Ltd and also consent to them seeking reimbursement of any medical expenses paid by them.

For medical related claims:

- I authorise any doctor, hospital, general or travel insurer or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Mapfre Insurance Services Australia Pty Ltd or their agents. I understand that in executing this authorisation, I waive the right for such information/records to be privileged. 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)

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 Date of Birth / /

Name Date of Birth / /

Name Date of Birth / /

Name Date of Birth / /

Did you contact Mapfre: 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
				Total Claimed	

Documents You Need to Send Us - SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS

- 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.
- All unused and used travel tickets, itineraries etc.
- Original evidence of all additional travel expenses.
- 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.
- 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.
- 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.
- 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.
- 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

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)

