

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
		/ /	/ /

Medical Emergency and Associated Expenses

Injury Occurrence: Date / / Time AM
 PM

Country and town where illness occurred

Full description of illness or injury and details of any third party involved

Have you previously suffered from the condition which has resulted in the submission of this claim, or any related condition:

Yes No *If yes, we may require your GP to complete a medical certificate*

If you were an inpatient: Date of admittance / / Time AM
 PM

Date of discharge / / Time AM
 PM

If you were an inpatient or an outpatient and expenses exceeded \$500 did you contact the medical emergency assistance company:

Yes No *If yes, please complete the fields below, if no, please provide a written explanation as to why not (a separate sheet at the end of the form is provided for written explanation)*

Date of first call / / Person spoken to

Reference No

Medical Emergency and Associated Expenses *(Please list all expenses and continue on separate sheet at the end of the form if necessary)*

Receipt number	Date	Description of item	Bill from	Amount	Currency	Exchange rate	Amount	Paid Y/N
							Total Claimed	

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

1. Original evidence to show dates of outward and return travel (booking invoice, travel tickets, itinerary etc.)
2. All original invoices/receipts for expenses incurred.
3. If claim is submitted on behalf of the estate of a deceased insured, we will require certified copies of the death certificate, together with Grant of Probate or Letters of Administration. If the insured passed away due to illness rather than as a result of injury, we may require a medical certificate to be completed by the deceased's usual GP.
4. If this claim is being submitted as a result of 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 you are unable to supply any of the documentation requested please provide a written explanation as to why.
Important - please number all receipts for expenses incurred or pre-loss supporting documentation and put the number in the column headed 'Receipt No.' when completing the 'Medical Expenses' section above.

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

Previous Claims

Has a claim been submitted to any other company for this incident: Yes No
Please provide details

Health Conditions

At the date of travel, purchase of the policy or booking your trip, were you or the person whose condition has given rise to the claim:

Aware of any medical condition or set of circumstances which could reasonably be expected to give rise to a claim: Yes No

Have an on-going medical condition (or any medical complication directly attributable to that condition) which was being investigated by a specialist or GP: Yes No
(if the condition was declared at purchase of the policy, please give details below)

Have a medical condition directly or indirectly related to the condition for which the claim is being made: Yes No
(if the condition was declared at purchase of the policy, please give details below)

Received or were awaiting hospital tests or treatment for any condition or set of symptoms which had not been diagnosed: Yes No

Had been given a terminal prognosis: Yes No

Were travelling for the purpose of obtaining medical treatment abroad: Yes No

Were travelling against the advice of a medical practitioner: Yes No

Had received or were awaiting treatment relating to a complication of pregnancy or childbirth: Yes No

Were you more than 32 weeks pregnant at the start of or during your trip: Yes No

Was a letter concerning any of the above obtained from the treating doctor: Yes No
(if yes, please forward a copy of the letter)

If yes, was answered to any of the above, please give further details of the condition or circumstances
(Please note that we may need your GP to complete a medical certificate)

Are you expecting to receive or are you going to submit any further accounts: Yes No *If yes, please provide details*
(continue on separate sheet at the end of the form if necessary)

Important Notes:
If you require us to make direct payment of the medical costs and your policy is subject to an excess, this must be paid before we can do so. Please enclose your remittance in favour of Mapfre Insurance Services Australia Pty Ltd or contact us to arrange payment by credit/debit card. If you have paid all costs, please enclose all receipts. Payment of admissible expenses would normally be made in favour of the claimant. If you require payment to be made in favour of another person, please forward their details and provide your written permission for us to do so.

Medical Certificate

This must be completed by the Registered General Practitioner (GP) of the person whose illness/injury/death has given rise to the claim. Any charge made for the completion of this certificate is the responsibility of the insured and is not refundable under the insurance policy. Please ensure the GP answers all relevant questions. Ticks, dashes, N/A etc will not be acceptable. This information will be treated as private and confidential. A certificate not containing the specific information requested will not normally suffice.

Full name of patient Date of Birth / /

Are you the regular medical attendant/ from the same practice: Yes No If yes, for how long

If no, what is your involvement with this matter

State precise nature of the medical condition/illness/injury/cause of death, that gives rise to this claim

If injury, state how this was caused

If claim is result of pregnancy: Date pregnancy confirmed / / LMP / / EDC / /

Has patient suffered from the same or related condition in the past five years: Yes No If yes, for how long

State the exact date of onset of symptoms of conditions / / Date first consulted / /

Date of any serious deterioration/exacerbation, if applicable / /

What ongoing medical condition(s), or medical complication directly attributable to the condition(s), were being investigated by a registered medical practitioner at:
Date trip insurance was purchased / / Date trip was booked / /

Is the illness/injury attributable to drugs, alcohol or HIV or HIV related illness, including AIDS: Yes No

Give Details

Has the person named above received a terminal prognosis: Yes No

If yes, what date was the terminal prognosis given to: The patient / / The claimant / /
(if not the same person)

Has the patient been referred to or seen by a hospital doctor or surgeon or needed inpatient treatment for this or any related condition within 12 months prior to the date the trip insurance was purchased? If so, please give full details including dates

If the patient was booked to travel did they consult you prior to booking or travelling regarding the advisability of undertaking the holiday or journey:
Yes No If yes, on what date / /

If no, when would you have advised cancellation had you been aware of the planned trip

If the patient travelled, were they fit to travel the date of departure

Provide details of patient's state of health at the time the insurance was purchased and date of booking the trip

State exact reason for cancellation

Please advise the date when it first became apparent that the holiday should be cancelled / /

Please state the exact date you advised the need to cancel / /

Are you prepared to certify that, solely due to the condition described above, the claimants are compelled to cancel their holiday arrangements:
Yes No

To be completed by the usual Registered General Practitioner (GP): I have examined the patient and/or referred his/her medical records and I declare that the information given is correct and that no details relevant to the case have been omitted.

Name Qualifications

Sign Date / /

