

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 / /

Third Party Contact Details

Please provide all third party contact details

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 No

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

All Claims

Have you made any previous claims on this type of insurance: Yes No *If yes, please provide details*
(continue on separate sheet on page 2 of the form if necessary)

Bank Details

Should Mapfre Insurance Services need to reimburse you we require your bank details as follows:

Name of Account Holder

BSB Account number