

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 / /

Travel Delay

Scheduled departure from the international departure point: Date / / Time AM
PMPlace of scheduled departure Time of scheduled check-in for international departure AM
PMDeparture from your home address or resort: Date / / Time AM
PMAt what point in your journey did they delay occur/commence Eventual travel: Date / / Time AM
PM

If the claim is submitted as a result of a motor vehicle accident involving a third party, please provide their details and those of their insurers below.

Third party's name Insurer's name Third party's address Insurer's address Policy No Claim No

Other Insurance

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 etc.

Yes No *If yes, please supply the following details:*Company/Insurer's name and address Policy No Has the claim been submitted to any other insurer, airline, carrier etc: Yes No *If yes, give details including claim reference number (continue on separate sheet at the end 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

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

- Evidence of travel showing names of all claimants and dates of BOOKED outward and return travel (booking invoice, travel tickets, itinerary etc.).
- A letter from the transport company (airline, Bus Company etc.) with whom you were travelling when the delay occurred, detailing the cause and length of the delay you suffered.

If you are unable to supply any of the documentation requested please provide a written explanation as to why.

Separate sheet to continue any questions necessary

Lined area for providing details and answers.