



## *Travel Claim Form*

### YOUR PRIVACY

- We collect personal information about you (including the information you provide in this Travel Claim Form) to enable us to assess your claim and related purposes. We will, where relevant, disclose your personal information (*other than sensitive information, such as information about your health*) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters, investigators and solicitors) and other businesses we work with for this purpose. In some cases, we may need to share your information with our related companies overseas, including our head office in Japan.
- Where relevant, to assess your claim we will also disclose personal information collected from you, including sensitive information about you (such as information about your health), to medical practitioners, other health professionals, reinsurers, legal representatives and other consultants we use to help us assess your claim. **By signing this Travel Claim Form, you consent to those organisations and other professionals collecting, and us disclosing, sensitive information about you for this purpose.**
- A list of the type of our service providers, key business alliances and the consultants we commonly use is available on request.
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not be able to assess your claim.
- We may also disclose personal information about you where we are required or permitted to do so by law.
- In most cases, on request, we will give you access to the personal information we hold about you. Where we are unable to grant you access, we will tell you why.
- If you would like to find out more about our information handling practices, you can contact us by telephone on 02 9232 2833, or write to 'The Privacy Officer' at Tokio Marine & Nichido Fire Insurance Co Ltd, GPO Box 4616, Sydney, NSW, 2001. Please provide details of your policy number/s and/or claim number where known.



TOKIOMARINE  
NICHIDO

Tokio Marine & Nichido Fire Insurance Co., Ltd.

Incorporated in Japan  
ABN 80 000 438 291

Managing Agent in Australia:

**Tokio Marine Management (Australasia) Pty. Ltd.**

ABN 69 001 488 455  
12<sup>th</sup> Level, The Chifley Tower, 2 Chifley Square, Sydney NSW 2000  
GPO Box 4616 Sydney NSW 2001  
Tel: (02) 9232 2833 Fax: (02) 9232 6374  
<http://www.tokiomarine.com.au>

Email: [claimsinfo@tokiomarine.com.au](mailto:claimsinfo@tokiomarine.com.au)

**PLEASE USE CAPITALS TO FILL IN CLAIM FORM**

# Travel Claim Form



THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.  
IT IS ISSUED TO ENABLE THE INSURED TO LODGE A WRITTEN STATEMENT OF CLAIM.

Please fill in all relevant sections and sign the declaration on page 4

|                 |                      |               |                      |        |                      |
|-----------------|----------------------|---------------|----------------------|--------|----------------------|
| Policy Number   | <input type="text"/> | Expiry Date   | <input type="text"/> | Excess | <input type="text"/> |
| Name of Insured | <input type="text"/> |               |                      |        |                      |
| Postal Address  | <input type="text"/> |               |                      |        |                      |
| Contact Person  | <input type="text"/> | Postcode      | <input type="text"/> |        |                      |
| Phone No        | <input type="text"/> | Mobile Number | <input type="text"/> |        |                      |
| Email Address   | <input type="text"/> |               |                      |        |                      |

Goods and Services Tax – to ensure you do not incur any unnecessary GST liability on this claim, please advise your:

|     |                      |                                  |         |   |
|-----|----------------------|----------------------------------|---------|---|
| ABN | <input type="text"/> | Entitlement to ITC in respect of | Premium | % |
|     |                      |                                  | Claim   | % |

## Details of Trip

|                   |                                   |
|-------------------|-----------------------------------|
| Date of Departure | <input type="text" value=" / /"/> |
| Date of Return    | <input type="text" value=" / /"/> |

## A. Medical and Dental Expenses

You must provide original receipts, not copies, of all expenses you are claiming for.

|  |                      |                          |                                   |                          |  |
|--|----------------------|--------------------------|-----------------------------------|--------------------------|--|
| Name of ill/ injured Person  | <input type="text"/> |                          |                                   |                          |  |
| Date of Birth  | <input type="text"/> | Sex                      | <input type="text" value="M/F"/>  |                          |  |
| Relationship to Insured  | <input type="text"/> |                          |                                   |                          |  |
| Nature of illness/injury   | <input type="text"/> | Date first occurred      | <input type="text" value=" / /"/> |                          |  |
| Has the ill/ injured person suffered from the same or similar illness/injury before? | Yes                  | <input type="checkbox"/> | No                                | <input type="checkbox"/> |  |

If yes, please give details including dates:

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| Name of Attending Physician or Medical Practice | Address |
|---|---------|
|   |         |
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**Date(s) of Service**

From  To  Number of Visits

Country where illness was treated

If admitted to hospital - Date Admitted:  Time

Date discharged from hospital:  Time

**List of Medical Expenses**

| Name of Doctor/Dentist, Clinic or other authority who issued receipts/invoices | Date of Consultation/ Treatment | Cost incurred in overseas Currency | Paid by yourself |
|--|---------------------------------|------------------------------------|------------------|
|  |                                 |                                    | YES/NO           |
|  |                                 |                                    | YES/NO           |
|  |                                 |                                    | YES/NO           |
|  |                                 |                                    | YES/NO           |
|  |                                 |                                    | YES/NO           |
|  |                                 |                                    | YES/NO           |
|  |                                 |                                    | YES/NO           |

**B. Delayed Baggage Claims**

If your luggage was delayed by the carrier and you wish to claim for the cost of essential items purchased to see you through until your luggage arrived, please complete this section.

Name of Carrier

Arrival Date at Destination  Time

Arrival Date of Luggage  Time

What Compensation did the Carrier pay you?

Please include a copy of the report you made to the carrier and confirmation of the date and time your luggage was delivered.

Provide a list on the following page of the essential items purchased, including purchase details. Also attach the receipts for the purchases you made to the claim form.

**C. Lost/Stolen Baggage Claims**

Date of Event  Time

Date Discovered  Time

Place where loss/theft or damage occurred

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**C. Lost/Stolen Baggage Claims (continued)**

Describe how the incident occurred

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Who was the incident reported to?

Police? Yes  No  Date  Time  am/pm

Officer & Station:

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Report/Event No:

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Carrier? Yes  No  Date  Time  am/pm

Details:

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Other: Yes  No  Date  Time  am/pm

Details:

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Is there any salvage?

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Are you the sole owner of the property, which is the subject of claim?

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Is there any other insurance on the property, which is the subject of claim?

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Have you ever filed a claim against any Insurance Company?

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Have you ever had any claim declined?

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Have you ever had any insurance declined?

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**PLEASE NOTE** that if your luggage is delayed, lost or damaged whilst in the care of the carrier, they may have a responsibility to compensate you. Travel Insurance protects you against the amount the carrier is unable to compensate you for, subject to the policy conditions and limits. It is therefore essential that you first claim compensation from the carrier.

**Declaration – Read carefully before signing**

I/We declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/We hereby claim from the Company in respect of the said loss, damage or accident and declare that the amount claimed above is based on a true value at the time of loss.

Signature

|  |
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Date

|   |   |
|---|---|
| / | / |
|---|---|

Tokio Marine and Nichido Fire Insurance Co., Ltd. is a member of the insurance industry's impartial Financial Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally.

You should first take your complaint up with our local manager. In most cases the problem will be resolved easily. If you are not satisfied with the outcome, you may contact the Financial Ombudsman Service in your state for advice and assistance in resolving your claim. The telephone number is 1300 780 808. Website: [www.fos.org.au](http://www.fos.org.au)

**Checklist**

- This is a list of basic requirements. Each claim is unique and will be assessed individually. If further information, documentation or investigation is required, we will contact you.

**A. OVERSEAS MEDICAL AND DENTAL CLAIMS**

- Original, itemized account/s giving a breakdown of description of amounts claimed.
- If paid by credit card, a copy of the relevant statement transaction line showing the Australian Dollar amount charged.
- Original medical report/dental report/hospital records giving full details of the matter for which treatment was sought (Dental X-rays also).

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**B. DELAYED BAGGAGE CLAIMS**

- Carrier's report attached.
- Complete list and receipts attached.

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**C. ADDITIONAL EXPENSES/BAGGAGE CLAIMS**

- Original, itemised hotel accommodation accounts, transport tickets and receipts for what is being claimed.
- A copy of your itinerary.
- A loss report from the authority you reported the loss to. E.g. Police, hotel, airline.
- Receipts, guarantees, valuations made before you went on your trip, credit card vouchers or statements.
- Letter from carrier outlining compensation to you.
- Airline tickets/baggage tags.

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