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Phone Number 1300 034 888
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Postal Address Kogan Travel Claims
 Locked Bag 2010
 St Leonards NSW 1590

Claim Number:

Office use only

Important:

1. Please answer all questions relevant to your claim.
2. Please provide the requested documents listed to support your claim. If you don't have supporting documents or do not supply them this may result in a delay in processing your claim.
3. **Make and keep a copy** of your completed claim form and supporting documents before sending it to us, especially if you are posting it.

Section 1 – Your Details

Title: First Name(s): Surname:

Date of Birth (DD/MM/YYYY):

Address: State: Postcode:

Mobile: Home Phone: Work Phone:

Email: Occupation:

Policy Number:

Date I booked my Trip:

Date I was originally scheduled to depart on my Trip:

Date I was originally scheduled to return home:

Planned destination(s) (City/Country):

Total amount of pre-paid travel expenses (in Australian dollars):

Reason for Trip: Holiday Visiting Family or Friends Business

Do you have any other insurance that would cover all or part of your loss? Yes (If 'yes' provide details)
 (E.g. Home Contents insurance, Private Health Fund, Credit Card) No

Third Party Authority

Complete the below if you'd like to give permission for a Third Party to manage this claim on your behalf.

Title: First Name(s): Surname:

Date of Birth: Relationship to you:

Address: State: Postcode:

Mobile: Home Phone: Work Phone:

Email:

Section 2 – Declaration

I/We

- declare that all information provided and documents submitted are true and correct
- understand and acknowledge that providing false or misleading information on an insurance claim is a criminal offence under Australian Law and can lead to prosecution.
- authorise any person or organisation to provide Hollard or its representative with any information that they may request in relation to this Claim.
- understand that if the information provided is inaccurate or incorrect my claim may be refused
- acknowledge that my personal information may be disclosed to, and obtained from, certain other parties including the Insurance Reference Database, other insurers and government agencies.

Claimant Name:

Claimant Date of Birth:

Signature of Claimant:

Date:

Your personal information is handled in accordance with our Privacy Policy, available at www.koganinsurance.com.au/useful-docs/. The personal information requested on this form is collected for assessing claims and assisting us with administrative operations. Your information may also assist us in developing our products or services. Where required by law, your personal information may be disclosed to third parties, including related companies, advisers, people involved in claims, our agents and service providers. If you do not provide us with the information, we may not be able to process your claim.

Section 3 – Payment Details

If your claim is approved and where a cash settlement applies, we will deposit your settlement directly into your nominated bank account.

Please note

- We cannot deposit into a credit card account.
- If we are required to make a payment on your behalf, no payment will be made until we receive payment from you of any applicable excess

Name of Bank:

Branch:

Account Holder:

BSB Number:

Account Number:

GST information - applicable if your policy was purchased for a business

Are you registered for GST Purposes?

What is your Australian Business Number (ABN)?

Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made?

What percentage of GST did you claim or are entitled to claim?

Section 4 – What Happened?

Date of Event:

Time of event:

Country:

City:

Incident Reported to:

Tell us your story about the events that have caused you to make a claim:

What is the total amount you are claiming in Australian Dollars?

Is your claim due to someone's injury or sickness?

- Yes (If 'yes' complete below)
 No

Title:

First Name(s):

Surname:

Date of Birth:

Relationship to you:

What date did you first become aware of their injury or sickness?

Has this injury or sickness occurred before?

- Yes
 No

Please tell us details of the medical condition and the date of diagnosis:

Please note that for all claims due to a medical reason, we may need the person suffering the sickness or injury's usual doctor to complete Section 11 –Travel Claim Form Medical Certificate and the person suffering the sickness or injury to complete Section 12 – Medical Authority and the usual doctor of the ill/injured person to complete.

Cancellation Expenses:

1. Travel Agent or Travel Provider (Airline, hotel, cruise liner, tour company etc.) cancellation, delay and/or amendment confirmation including details of refunds, cancellation fees, credits or compensation offered.
2. A copy of your Travel itinerary and flight booking showing dates, amounts paid and any frequent flyer points used/refunded
3. If your trip was cancelled, delayed or rescheduled due to medical reasons please provide:
 - Medical certificate from your treating doctor or specialist with details of the medical reason that meant you needed to cancel or delay your trip
 - Copy of Death Certificate if applicable
4. If your trip was cancelled, delayed or amended due to someone's injury or sickness, please have that person (or executor) complete the Medical Authority in Section 12 and their usual treating Doctor or Specialist complete the Medical Certificate in Section 11.
5. If cancellation, delay or amendment was due to your Transport Provider (Airline, hotel, cruise liner, tour company etc.) please provide written confirmation from them including the reason for the cancellation, delay or rescheduling and details of any refunds, credits or compensation offered.
6. If your trip was cancelled or delayed due to a Weather Event, please provide a letter from your Travel Provider (Airline, hotel, cruise liner, tour company etc.) confirming the reason for cancellation, delay or rescheduling including details of refunds, cancellation fees, credits or compensation offered.
7. A copy of your amended itinerary or booking details
8. If claiming for alternative Transport expenses, confirmation of the special event you were attending
9. If your trip was cancelled, delayed or rescheduled due to any other reason please provide any relevant supporting documents.
10. If your trip was cancelled due to redundancy please provide a letter from your previous employer confirming redundancy and the date you were advised of your redundancy

Additional Expenses:

Please provide where applicable any of the above 1-10 and any of the below (11-13).

11. If due to injury or sickness, a medical certificate from the treating doctor including details of the medical diagnosis or injury and confirmation that you were unfit to travel
12. Invoices, receipts for additional Accommodation / Travel Expenses
13. Police report for lost or stolen Passport or travel documents

If you cannot provide any of the above documents, please provide an explanation why you are unable to. ***

Did you cancel or amend your Trip?

- Yes
 No

Date cancellation or amendment made:

Reason for cancellation/amendment:

- Medical reasons (sickness or injury) - Please also complete Section 11 Medical Certificate and Section 12
- Medical authority
- Travel provider (Airline, hotel, cruise liner, tour company etc)
- Weather event
- Redundancy
- Other (Please describe):

Cancellation Table:

Date cancelled	Cancelled Booking description	Supplier	A. Amount Pre-paid	Currency	B. Refund/ Compensation received	Currency	A minus B Claimed Amount	Currency
e.g. 8/12/2017	e.g. Flight to Paris	e.g. British Airways	e.g. 100	e.g. Euro	e.g. 50	e.g. Euro	e.g. 50	e.g. Euro

Additional Table:

Date of Additional Expense	Additional Expense	Supplier	Amount Paid	Currency	Detail of Original Plan	Date of Original Plan	Original Expense	Currency
e.g. 8/12/2017	e.g. Train to London	e.g. Eurostar	e.g. 100	e.g. Euro	e.g. Flight Paris	e.g. 8/12/2017	e.g. 50	e.g. Euro

Delayed Travel

What was the reason for your delay?

When were you due to depart?

Date:

Time:

When did you actually depart?

Date:

Time:

Total Length of delay:

Days:

Hours:

Did you receive any compensation from your Travel Provider?

Yes

(Airline, hotel, cruise liner, tour company etc.)

No

If yes, amount of compensation (including currency):

Date of Expense	Description of Expenses Incurred due to delay	Amount	Currency	Amount Refunded from Originally Planned Expense	Amount Claimed
e.g. 8/12/2017	e.g. Meals	e.g. 100	e.g. Euro	e.g. 100 Euro	e.g. 50 Euro

3. Provide any additional information you may have to add to your previous description of what happened (Section 4 – What Happened?).

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Are you claiming for:

- Loss
- Theft
- Damage
- Delay

Who did you report this to?

- Police
- Airline
- Hotel Management
- Tour Guide
- Cruise Ship
- Other (Please describe)

Report Reference Number:

If you are claiming for prescription glasses or a hearing aid, is the item claimable against your private health fund? Yes No

If yes, how much was paid by the health fund?

Delayed Luggage

Name of Transport Provider (airline, cruise liner, bus etc.):

When was your luggage delayed? Date:

When was your luggage returned? Date:

Were you paid any compensation for this delay?

Have you made a claim with your Travel Provider (Airline, hotel, cruise liner, tour company etc.) or any other company responsible for the loss, theft, damage or delay of your luggage?

Are the luggage or personal item(s) lost, stolen, damaged or delayed owned by you or someone else listed on the policy?

Please include any additional information you may have to add to your previous description of what happened.

Name of Person Driving the car:

Drivers Date of Birth:

Rental Vehicle Excess amount:

Actual repair amount:

Amount claimed:

Was there another party at fault?

Yes (If yes, please complete the below)

No

Party at faults Full Name:

Party at faults Address:

Party at faults Phone Number:

Party at faults Email:

Party at faults insurance details (if known):

Section 8 – Loss of Income

To assist your claim:

- We may need the below documents, please provide those that are applicable.
- We may contact you to request further documentation
 1. A medical certificate from your treating doctor at the time of injury confirming diagnosis and the disablement
 2. A medical certificate from your usual Doctor confirming the diagnosis and ongoing nature of your disablement including period unable to return to work
 3. A letter from your employer stating the date you were due to return to work
 4. Written evidence of your lost income (last two payslips prior to injury, tax return from last financial year etc.)

If you cannot provide any of the above documents, please provide an explanation why you are unable to.

Planned return to work date:

Actual return to work date:

Income Loss:

Section 9 – Overseas Emergency or Dental

To assist your claim:

- We may need the below documents, please provide those that are applicable.
- We may contact you to request further documentation

Documents

1. A copy of your Overseas Hospital Admission and Discharge paperwork
2. Medical Certificate from your treating Doctor or Specialist with details of the medical condition and travel recommendations
3. Itemised Invoices for medical and/or dental expenses claimed - including details of the medical condition
4. Receipts for pharmacy expenses (copies of prescriptions where possible)
5. If your claim is due to a Pre-Existing Medical Condition please have your usual treating Doctor or Specialist complete the Medical Certificate in Section 11
6. Complete and Sign the Medical Authority in Section 12

If you cannot provide any of the above documents, please provide an explanation why you are unable to.

Patients name: Relationship to you:

Patients Date of Birth: Medicare Number:

What was the injury or sickness?
.....
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If this was an injury did this occur whilst engaging in Snow Sport activity? Yes
 No

Was the injured/ill traveller an inpatient? Yes
 No

Date of Admission: Time of Admission:

Date of Discharge: Time of Discharge:

Name of the overseas medical practitioner, dentist and/or hospital you visited:

Did you contact Emergency Assistance? Yes
 No

Assistance reference number:

Date of first medical or dental consultation:

Has the injured or ill traveller previously suffered from the medical or dental condition which led to this claim? Yes
 No

If yes, please give details:
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.....

We may need the injured/ill person to complete Section 12, Medical Authority and their usual GP/Specialist to complete Section 11 - Medical Certificate)

Date of Treatment	Name of Doctor/ Dentist/ Pharmacy/ Hospital or Provider	Treatment received	Amount Charged	Currency	Paid	Refund amount from Health Fund	Amount Claimed
e.g. 8/12/2017	e.g. Dr John Smith	e.g. xray	e.g. 100	e.g. Euro	Yes or No	e.g. 50 AUD	e.g. 100 Euro

At any point before you purchased your policy and before your departure were you or the person whose health condition caused this claim:

1. Aware of any medical conditions which could reasonably be expected to give rise to a claim? Yes
 No
2. Under investigation for an ongoing medical condition by a GP or Specialist? (including undergoing tests whether or not a diagnosis had been made) Yes
 No
3. Have any medical condition or complication directly or indirectly related to the medical condition giving rise to this claim? Yes
 No
4. Been given a terminal prognosis for their medical condition? Yes
 No
5. Travelling against the advice of a medical practitioner? Yes
 No

Section 10 – Other

To assist your claim:

- We may need the below documents, please provide those that are applicable.
- We may contact you to request further documentation

Documents

1. copy of your Travel Itinerary
2. copy of relevant receipt(s)/invoices for expenses being claimed
3. any other relevant supporting documents

If you cannot provide any of the above documents, please provide an explanation why you are unable to.

Which policy benefit do you believe is most applicable to your claim?

Date of Expense	Description of Expense	Amount	Currency	Amount Claimed	Currency	Supporting Documents Attached?
e.g. 8/12/2017		e.g. 100	e.g. Euro	e.g. 100	e.g. Euro	Yes or No