

# Claims X

## Travel claim form



### ReddiFund Mutual Benefit Fund Discretionary Trust

If you need assistance with filling out this form, contact us on **1300 375 723** or [claims.aus@claimsx.com.au](mailto:claims.aus@claimsx.com.au)

## Important information

We will act on your claim upon receipt of this form. Issue of this form is not an admission of liability.

You can assist in the assessment of your claim if you:

1. Fully complete this form. Supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents as indicated may result in a delay in processing your claim.
2. Provide a comprehensive description of the circumstances of the accident/injury or sickness.
3. Provide additional supplementary information on a separate pages if there is not enough space on this claim form.
4. Forward the completed claim form to Claims X using the above email address.

Part 1

## Travelers information

Full name

Phone

Email

Residential address

State/Postcode

Occupation

Date of birth

## Banking details

Account name

Account number

BSB

Part 2

## Travel agent

Name of agent

Phone

Date of booking

Date of departure

Date of return

Have you made previous claims for travel insurance?

If **yes**, please give details

Y

N

Name of Insurer

Date of claim

## Cancellation claims

Please attach the following documents which are required in support of your claim;

- Travel Agent's letter confirming details of tour costings and cancellation charges
- Doctor's Certificate (see Medical Certificate)
- Transport Provider's Reports

Reasons for cancellation

Date of cancellation

Where cancellation was due to accident, illness or death, please state the name of the person whose accident, illness or death necessitated the cancellation.

Name

Relationship to insured

Amount claimed for recoverable prepaid travel costs

\$

## Luggage and personal effects

The following documents are required in support of your claim – Please tick when attached

Police or responsible authority's report

Original purchase receipts/proof of ownership

Quotation for repair of damage

Transport provider's reports

Date of loss	Time	AM	PM
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Location	Country
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Please state exactly what happened:

What action did you take to recover the lost article?

Which responsible authority e.g. Police was notified?

Date of loss	Time	AM	PM
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Location

Are your home contents insured?	Y	N
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Name of insurer	Policy number
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Are you a member of a Private Health Fund?	Y	N
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Name of fund	Policy number
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Please Note: If you are entitled to recover losses from any other insurance policy, or other source, please do so and give details of amounts recovered:

### Full description of article(s) and details of loss or damage where applicable

Place of purchase

Date of purchase

Original date of purchase

Amount claimed

Part 3

## Medical emergency and additional expenses claim

The following documents are required in support of your claim – Please tick when attached

Original medical/hospital accounts

Accounts in support of accommodation expenses

Medical certificates supporting need for altered travel plans

Copy of Travel itinerary

Date of accident/illness circumstances:

Country

Time

AM

PM

Particulars of claim

If your claim arises from injury or illness, please specify the nature of such injury or illness:

Name of person whose injury or illness caused additional expenditure

Their relationship to you

Has the injury or illness occurred before? If **yes**, please supply the following details

Y

N

Usual Doctor's Name

Phone

Date of last visit

If additional expenses have been incurred as a result of an accident, illness or death of a person in Australia, please state their relationship to you:

**Expenditure for which reimbursement is claimed**

**Service**

**Amount claimed**

Provider (e.g. Dr J Smith, Bali Hospital etc.)

Additional expenses	Service	Amount claimed
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Cancellation/loss deposits (please attach documents from your travel agent showing cancellation charges)	Service	Amount claimed
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## Medical authority

With regards to medical, cancellation and/or additional expenses:  
I hereby authorise any hospital, physician or other person who has attended or examined me to furnish the Trust Manager or their representative any and all information in respect of treatment given for:

A Photostat copy of this authorisation shall be considered as effective and valid as the original

Name of usual Doctor

Address of usual Doctor

State Postcode Phone

## Authority and declaration

I wish to report this incident, but do not want to claim against the Trust at this time;

I submit this information in support of a formal claim against the Trust

1. I/we hereby authorise any hospital, physician or other person who has attended me to furnish Claims X Pty Ltd, or its representatives, any and all information with respect to any sickness or injury, medical history, consultation, prescriptions or treatment, copies of all hospital or medical records.
2. I/we agree that a Photostat copy or facsimile copy of this authorisation shall be considered as effective and valid as the original and I hereby undertake and agree to notify the Trust's Claims Manager immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Trust's Claims Manager, to return the property or to refund the amount of money received, by way of compensation in respect thereof.
3. I/we the undersigned hereby acknowledge and agree to the information contained herein (including our personal information), being shared with the other members of our Discretionary Trust ("Trust") as part of the Trust's Risk Management processes and Reporting criteria with Reddifund, as it may be required to assist in the management of this claim and the administration of the Trust.

Signature

Please print name

Dated

**Attending physician's statement** (to be completed by your attending physician)

**The insured is responsible for completion of this form without expense to the company**

Patient's Name

Patient's Address

When did the patient suffer the injury?

What were the circumstances surrounding the injury?

When did the patient first receive medical treatment?

Please give a complete diagnosis of this condition.

Please give results of any objective findings – (Detail tests done and findings)

Test	Findings
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X-Rays

Other Tests

Was the patient confined to hospital? If **yes**, please advise the name and address of hospital

Y

N

Period of confinement

From

To

What other treatment has the patient undergone?

What other treatment is required?

## History

Was there a previous history or a similar condition? If **yes**, please state condition and advise when previous treatment was given

Y

N

How long have you known the patient?

Are you the regular General Practitioner? If **not**, please advise who is?

Y

N

## Degree of Disability

When was the patient obligated to cease work?

If patient is still unfit for work, when approximately will the patient be able to resume?

If patient has recovered, when was the patient able to resume work?

Are there any underlying conditions affecting recovery from the current condition? If **yes**, please advise the nature of underlying conditions and how they affect disability and recovery

Y

N

Please advise names and addresses of other treating physicians:

If you have terminated treatment, please advise the date:

What is the current prognosis?

Are there any further remarks which may assist in assessing this condition?

Is there permanent disability at present? If **yes**, please explain, giving estimated percentage of loss of function:

Y

N

## Physician's declaration

Name (please print)

Signed

Dated

Address

State

Postcode

Phone

## Collection Statement under Privacy Act 1988

In accordance with the Privacy Act 1988 (and subsequent amendments), we Alternative Risk Management Services (ARMS) and Claims X, as related companies of the Howden group, draw your attention to the following:

- We may collect personal information or sensitive information about you.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Claims X products or services. If you are applying for or renewing insurance or membership, or membership of an Alternative Risk Management Services Discretionary Trust Arrangement (DT Arrangement), the information is required pursuant to your Duty of Disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Claims X related Group companies, such as Howden Insurance Brokers (Australia) Pty Ltd. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore. Please read our Privacy Policy on Howden's website if you would like further information or contact our Privacy Officer on the contact details below.
- By providing this information, you agree to us collecting, using and disclosing your personal or sensitive information as outlined in this Collection Statement.
- If you do not provide all or part of the information requested, we may be unable to process your application, administer your claim or provide other required services, or your application for insurance or membership of a DT Arrangement may be declined or you may prejudice your insurance cover or cover under a DT Arrangement.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 1988.
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided as they occur.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's prior consent.
- Our Privacy Policy can be made available on request or can be accessed on Howden's website <https://www.howdengroup.com/au-en/privacy-policy>

**For further information or to make a complaint regarding Claims X's Privacy Policy, contact your Broker, Claims Manager or the Privacy Officer for Howden and Claims X.**