

Office use only

Claim number

Please answer all questions and tick boxes where appropriate. Leaving a question blank will result in delays in settling your claim. There are eight (8) easy steps to complete your claim. If you do not have enough room please attach a separate sheet.

Step 1: About you and your Policy

Policy number

- Policy number (from Certificate of Insurance)
- Date and time the 1st loss or incident occurred
Date of incident / / Time (24 hrs, e.g. 17:35) :
- Departure Date from Australia / /
- Original Date of return to Australia / /
- Are you an Australian Citizen/Resident? No Yes

Personal details

- Surname 7. Title 8. First name
- Date of birth / /
- Current home address
11. Suburb 12. State 13. Postcode
- Postal address if different from above
- Home phone 16. Work phone 17. Mobile
- Email
- Preferred method of contact Telephone Mobile Mail Email
- Your occupation

- Were you travelling for Business Holiday
Where did you organise your travel arrangements?
Name of the person who did the arrangements
- Did you apply to cover a pre-existing medical condition? No Yes – Please provide medical screening number below
- Could this event be covered by any other insurance arrangement, e.g. your householders, other travel insurance, private health fund? No – Go to **step 2 on page 2** Yes (Give details below)
Type of insurance Insurance provider
Insurance Policy number

If we successfully recover an amount greater than any excess that has been applied to a claim settlement we make to you, we will reimburse you the amount of your excess. By providing details of any other insurance arrangements you may have, we reserve the right to pursue a recovery on your behalf.

GST

- Does this claim relate to your business? No Yes (Give details below)
My entitlement for GST on my premium is: % My ABN is
- Did you purchase your travel arrangements on your credit card? No Yes (Give details below)
Credit Card provider: (e.g. National Australia Bank) Card type (e.g. VISA)
- If you are claiming under a corporate travel policy the following section is to be completed by an authorised officer of the insured company and complete and sign declaration on page 8
Name of insured company
Traveller's relationship to insured company Position held with insured company
Did the loss occur whilst on authorised business travel? No Yes
Was an air trip involved in the travel No Yes
From / / to / /

IMPORTANT – So that we can process your claim as quickly as possible, it is important to complete this form accurately and provide us with the original documentation requested. If you have misplaced your original documents, please contact your issuing agent or provider in order to obtain duplicates. When completed, send claim form and all supporting documentation to us by either:

Email: travel-claims@nib.com.au | Fax: 1300 657 157 | Post: PO Box 12090, Melbourne VIC 8006.

Step 3: What are you claiming for?

This form is divided into specific sections relevant to different claim types. Please complete only the section(s) applicable to your claim. Specific documents will also be required to support your claim, the checklist on page 8 will help guide you.

Trip cancellation charges/amendments costs/loss of reward points

Are you claiming for: Cancellation charges Amendment costs Loss of reward points

1. Name of person causing the trip to be cancelled

2. Their date of birth / /

3. Their relationship to you

4. Name of all people whose arrangements have been cancelled/affected

5. Date agent/airline notified / /

6. Date trip booked / /

7. Date of first deposit / /

8. Date final money paid / /

The original booking was made up of: *(Please select all that required)*

Airfares Airfares and tours Holiday package deal Other, please specify

9. Total amount paid for your trip (Excluding Insurance) \$
 Total amount refunded to you \$
 Amount of claim \$

10. Please provide a breakdown of the total cost of your trip

<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$

11. Was the cancellation/deferment due to an illness, injury or death? No – Complete questions then go to **checklist on page 8** Yes – Complete questions then go to **medical certificate on page 7**

12. Did the cancellation occur before the original departure date from Australia? No Yes

13. Did the cancellation occur after the original departure date from Australia? No Yes – Detail what section of your pre-paid scheduled trip was cancelled or unused and why.

Supplementary questions for loss of reward points

Frequent Flyer member name

Frequent Flyer member number

1. Total amount of points used to purchase air ticket

2. Did you pay any additional amount towards this air ticket? No Yes

\$

3. Total amount of points refunded

4. Total amount of points lost

Supplementary questions for amendments costs only

1. Total cancellation fee if trip was cancelled outright \$

2. Date trip rebooked / /

3. Additional amount paid \$

Step 3: What are you claiming for?

Additional expenses claim

1. List all items you wish to claim for.

Details of expenses	Date of expense	Amount claimed in Foreign Currency	Currency
Extra nights accommodation at the Buckingham Hotel	17 10 10	249.00	GBP

2. List of the forfeited pre-booked or pre-paid arrangements

Details of expenses	Date from	Date to	Amount paid	Currency
Hotel De Paris	23 05 10	24 05 10	249.00	EUR

Resumption of trip claim

Details of additional expenses to resume your trip	Date from	Date to	Amount paid	Currency
Air Canada economy class ticket	15 06 10	24 05 10	249.00	AUD

Loss of income claim due to injury

For loss of income claims, please go to the checklist on page 8 for documentation required.

Hire vehicle excess claim

Type of vehicle: Car Campervan Motorcycle

Have you paid a reduced hire cost for an additional excess? No Yes

1. Name of vehicle hire company			
2. Name of person driving the vehicle			
3. Their date of birth	4. Rental vehicle excess	5. Currency	
□□/□□/□□□□	\$		
6. Actual repair costs	7. Amount you are claiming	8. Currency	
\$	\$		

Loss, stolen or damaged luggage and personal effects claim

Your luggage includes your clothing and other personal belongings. It also includes passports, visas, tickets and other documents.

1. Are you claim for: Loss <input type="checkbox"/> Theft <input type="checkbox"/> Damage <input type="checkbox"/>		
2. Date loss/theft/damage discovered	□□/□□/□□□□	3. Time (24 hrs, e.g. 17:35) □□:□□
4. Who was it reported to: Police <input type="checkbox"/> Airline/carrier <input type="checkbox"/> Hotel management <input type="checkbox"/> Tour guide <input type="checkbox"/> Other, please specify <input type="checkbox"/>		
5. Name of Police Officer or relevant authority		
6. Job title/position		
7. Location	8. Report Number	
9. Date reported	□□/□□/□□□□	
10. If no report was obtained, please explain why?		

Please note that if your luggage is delayed, lost or damaged while in the care of the carrier, they may have a responsibility to compensate you. **It is therefore essential that you first claim compensation from the carrier and obtain and provide us with written confirmation of their response to your claim.**

Step 3: What are you claiming for?

11. List all items you wish to claim for. (Travel documents to be listed on replacement of travel documents table on page 5)

Description of item with brand names	Place of purchase	Purchase date			Purchase price	Currency	Has the item been replaced
		15	06	10			
<i>Sony DKX25 digital camera</i>	<i>Sharp Camera</i>	15	06	10	1,950.00	AUD	Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>

Replacement of travel documents claim

1. List all items you wish to claim for.

Replacement documents	Date replaced			Replacement cost in foreign currency	Currency
<i>Passport</i>	19	07	10	150.00	GBP

Delayed luggage claim

1. Your arrival date at destination 2. Time (24hrs. e.g. 17:35) 3. Date your luggage arrived 4. Time (24hrs. e.g. 17:35)

□□/□□/□□□□ □□:□□ □□/□□/□□□□ □□:□□

5. What compensation did the carrier pay you? 6. Currency

□□□□□□ □□□□

Please provide a list of the essential items purchased

Description of items	Place of purchase	Date purchased			Purchase price	Currency
		15	08	10		
<i>Disposable razors</i>	<i>Booths</i>	15	08	10	548	GBP

Step 3: What are you claiming for?

Medical and dental expenses claim

1. Name of injured person

2. Their date of birth / /

3. Relationship to you 4. Nature of illness/injury

5. Date first occurred / /

6. Was the 24 hour nib International Assistance service contacted? No Yes
 nib International Assistance Case Number (if known)

7. Has the person been treated for this illness/injury or similar before? No Yes

If 'Yes' please give details below:

8. Name and address of doctor/dentist who treated illness/injury abroad

9. Country where illness/injury was treated

10. Were they admitted to hospital No Yes

Date admitted / / Time (24 hrs, e.g. 17:35) :

Date discharged / / Time (24 hrs, e.g. 17:35) :

Important: Except in the case of a minor illness or injury, the medical certificate on page 7 must also be completed by the ill or injured person's usual G.P. (Doctor/Dentist) in Australia. If you are not sure, send the claim form to us and we will let you know if a medical certificate is required, or alternatively give us a call.

11. List all medical expensed incurred

Type of service	Date of consultation	Cost incurred	Currency	Account paid
X-ray	15 08 10	135	USD	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

General practitioner/dentist medical certificate

To be completed by the person whose illness/injury caused the claim

Medical Authority: With regards to medical expenses/cancellation/additional expenditure claims, I authorise any hospital, physician or other person who has attended me, to give my travel insurance company or its representative, any, or all information, with respect to any sickness or injury, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. I agree that a photocopy of this authorisation will be considered as effective and valid as the original.

Name of insured/executor of the estate	Insured's date of birth	Signature
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

The medical certificate must be completed at the claimant's expense by the usual doctor/dentist (G.P.) of the person whose illness/injury/death caused this claim.

1. Name of patient	<input style="width: 100%;" type="text"/>	
2. Their Date of Birth	<input style="width: 100%;" type="text"/>	
3. Does he/she usually attend your practice?	No <input type="checkbox"/> Yes <input type="checkbox"/> — If so, how long? <input style="width: 100%;" type="text"/>	
4. Please provide a precise diagnosis of the illness/injury	<input style="width: 100%;" type="text"/>	

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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5. Date of the onset of the illness or injury	<input style="width: 100%;" type="text"/>	
6. Date on which you were first consulted for symptoms of illness/injury	<input style="width: 100%;" type="text"/>	
7. Did you refer your patient to a specialist?	No <input type="checkbox"/> Yes <input type="checkbox"/> — If so, name of specialist	

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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8. Address of specialist	<input style="width: 100%;" type="text"/>	
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9. Date referred	<input style="width: 100%;" type="text"/>	
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10. Date first attended specialist	<input style="width: 100%;" type="text"/>	
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11. Are you aware of referrals to any other practitioners/surgeon/specialist?	No <input type="checkbox"/> — Go to 12 Yes <input type="checkbox"/> — Please provide details	
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<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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12. Is the medical condition described caused or exacerbated by, traceable to, or related to any recurring illness or condition?	No <input type="checkbox"/> Yes <input type="checkbox"/> — If so, please confirm dates of consultations over the past twelve (12) months	
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(i) <input style="width: 100%;" type="text"/>	(ii) <input style="width: 100%;" type="text"/>	
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(iii) <input style="width: 100%;" type="text"/>	(iv) <input style="width: 100%;" type="text"/>	
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13. Please provide details of all medication that your patient was taking over the past twelve (12) months (regardless of prescribing physician) and the relating		
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Condition	<input style="width: 100%;" type="text"/>	
Medication	<input style="width: 100%;" type="text"/>	
Condition	<input style="width: 100%;" type="text"/>	
Medication	<input style="width: 100%;" type="text"/>	

14. Please give details of any chronic disease or illness or any physical defect or infirmity from which he/she suffers	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>	

15. Was your patient a member of the travelling party?	No <input type="checkbox"/> — Go to 16 Yes <input type="checkbox"/> — How long was or will your patient be prevented from travelling?	
From	<input style="width: 100%;" type="text"/>	to <input style="width: 100%;" type="text"/>

16. Did your patient plan to travel against your prior advice	No <input type="checkbox"/> Yes <input type="checkbox"/> — If so please provide details	
Name of doctor/dentist	<input style="width: 100%;" type="text"/>	
Address	<input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>
Phone	<input style="width: 100%;" type="text"/>	Fax <input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	Postcode <input style="width: 100%;" type="text"/>

Doctors Declaration

I declare that I have examined the patient named above and/or have referred to their medical records and confirm that the information given is a true and correct statement.

Signature	<input style="width: 100%;" type="text"/>	Date certificate signed <input style="width: 100%;" type="text"/>
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Step 4: Document checklist

The following checklist will help you assemble the documents required to support your claim. You may find it helpful to tick the boxes once you have completed each appropriate section. **Please note we cannot accept claims that are incomplete.**

We cannot process your claim without the original documents. If you have misplaced your original documents or require assistance, please contact your issuing agent or tour operator in order to obtain original or duplicate copies. Please keep a copy for your reference.

For all claims we need your

Original trip itinerary

Trip cancellation claim

- Trip refund statement
- Booking advice showing breakdown of all trip costs
- Receipts showing payments related to trip
- Refund notices from Airline/wholesalers
- Booking conditions showing cancellation fees/clauses
- Unused vouchers/wholesalers invoices
- Death certificate if applicable
- Medical certificate if applicable
- Airline tickets if not refundable

Loss of reward points claim

- Original airline ticket with entire ticket sectors
- Reward statement showing total points used to purchase tickets and any points charged as cancellation and any refund of points

Luggage and personal effects claim

- Proof of ownership of all luggage and personal effects items
- Repair quotes for damaged items
- Loss report from Police or relevant authority
- Proof of compensation from carrier
- Airline tickets/baggage tags
- Airline Property Irregularity Report (PIR)
- Receipts for essential items purchased
- Receipts for replacement items

Loss of cash claim

- ATM, bank, credit card statement or currency conversion slips showing withdrawal of funds
- Police report made within twelve (12) hours of loss

Dentures and dental prosthesis claim

- Receipt for original item plus receipt for replacement item noting cause of replacement

Replacement of travel documents claim

- Receipts for replacement of travel documents
- Receipts or invoice of original travel documents

Loss of income claim (Due to injury overseas)

- Doctors report detailing period unfit to work
- Centrelink advice of payment if you have an entitlement
- Written confirmation from your employer of the date you were scheduled to return to work

Rental vehicle insurance excess claim

- Rental vehicle agreement
- Receipts for excess payment
- Relevant credit card statement
- Copy of repair quote/account
- Copy of rental vehicle accident/incident report

Additional costs claim

- Receipts for additional expenses
- Confirmation from carrier verifying the cause of the claim
- Booking invoice showing original pre-paid arrangements

Resumption of trip claim

- Original trip booking invoice itemising breakdown of costs for both original and new booking
- Original and new itinerary
- Copy of return ticket used and unused
- Booking conditions that applied to original trip
- Cancellation fees that would have applied had the original trip been cancelled in full
- Invoice and receipt for new ticket purchase to resume journey
- Medical or death certificate of relative who caused return to Australia

Medical/dental claim

- Original medical/dental receipts
- Treating doctors report

IMPORTANT— In processing your claim we may request further information to help support your claim

Step 5: Have you filled in all the appropriate sections of the claim form?

It will delay the processing of your claim if you have not completed all appropriate sections of the form.

No — Please review claim form Yes — Complete the declaration below

NB: If you have a medical claim, have you signed the medical authority on page 7

Step 6: Direct credit

Would you like to have the refund deposited directly into your Australian Bank account?

No Yes

Bank name

Branch

Account name

BSB

 -

Account number

Step 7: Privacy statement

nib claims are handled by the dedicated claims team at nib Travel Services (Australia) Pty Ltd. nib takes your privacy seriously. We use the information you provide to us to assess your claim and pursue any recovery. We may need to provide that information to other people, for example your insurers and any assessors, health professionals or others that we need to assist us in doing this. If you don't provide us with complete information, we will not be able to properly assess your claim. You can check the information we hold about you at any time. For more information about how we use your personal information, please refer to the Privacy Notice in the nib Product Disclosure Statement or refer to our privacy policy online at: nib.com.au/docs/privacy-policy. To request a physical copy, call us on 1300 555 017.

Step 8: Declaration

If we agree to pay a claim under your Policy, the Policy covers GST inclusive costs (up to the relevant Policy limit). However, we will reduce any claim payment by any Input Tax credit you are or would be entitled to for the repair or replacement of insured property or for other things covered by the Policy.

I/We declare that all information provided is true and correct. I/We authorise any person or organisation to provide nib or its representative with any information that they may request in relation to this claim. I/We agree that a photocopy of this authorisation is as effective and valid as the original.

Signature of Insured/executor of the estate/power of attorney

Print name

Date

 / /