



# **Solution Underwriting Corporate Travel Insurance Claim Form**

## **Solution Underwriting Agency Pty Ltd**

Level 5, 289 Flinders Lane  
Melbourne VIC 3000  
Australia

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[www.solutionunderwriting.com.au](http://www.solutionunderwriting.com.au)

ABN 68 139 214 323 AFSL 407780

**Send Claim Form to:**

Solution Underwriting Pty Ltd  
 Level 5, 289 Flinders Lane  
 Melbourne VIC 3000  
 Email: [solutionassist@solutionunderwriting.com.au](mailto:solutionassist@solutionunderwriting.com.au)

**Important Information**

Please ensure that all relevant sections of this claim form are fully completed as applicable to your claim. We are unable to consider assessment of your claim unless all necessary information has been provided. Failure to complete all information applicable to your claim may result in a delay in the assessment of your claim. Supporting documentation required is detailed within each Part. The issue and acceptance of this Claim does not constitute an admission of liability by the Insurer or a waiver of its rights. The Authority and Consent Declaration must be completed for all claims.

**Part 1 – Policy and Claimant Details**

Please note ALL questions in this part must be answered

Insured Company:		
Name of Policy Holder/ Insured:		
Name of Claimant (Mr/Mrs/Miss/Ms):		
Policy Number:		
Address:	State:	Postcode:
Telephone:	Home:	
Business:	Mobile:	
Email Address:		
Date of Birth:	Occupation:	
Travel Agent:	Date of booking Travel Arrangements:	
Date of Departure:	Date of Return:	

**Part 2 – Electronic Funds Transfer Details**

In the event your claim is accepted and you wish to have your claim benefits transferred directly into your bank account, please provide the following details:

**Australian Bank Account Details**

Name of Financial Institution:	
Account Holder's Name:	
BSB Number:	
Account Number:	
IBAN:	SWIFT code:

### Part 3 – GST Information (For Australian Claims Only)

Are you registered for GST purposes?	Yes	No
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?	Yes	No
If YES, what percentage of the GST did you claim or are entitled to claim? (If the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%)	%	

### Part 4 – Cancellation Charges, Loss of Deposit Claim

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM\***

\* Failure to provide these items may result in delays in processing your claim.

1. The Original Tickets/Vouchers if a refund is not obtainable.
2. Doctor's/Hospital Certificate specifying exact nature of condition suffered by Injured/Sick person.
3. Letter from Travel Agent verifying total cost of journey, value of unused portion of journey, cancellation charges incurred and total amount of refund received.

What was the reason you could not commence or complete your proposed journey?		
Was the cancellation as a result of Injury/ Sickness to yourself?	Yes	No
Was the cancellation as a result of Injury/ Sickness to some other relative or person as defined in the policy? If YES, please provide details:-	Yes	No
Name:		
Address:		
Relationship:	Age:	
Nature of complaint preventing travel:		
Date of first medical treatment:        /        /		
Has the Injured/Sick person had a similar condition in the past?	Yes	No
Name of Patients Normal Doctor:		
Address of Patients Normal Doctor:		
Date you advised Travel Agent to cancel bookings:        /        /		
Amount of deposit paid:	\$	Date Paid:
Balance of full fare:	\$	Date Paid:
Value of forfeited portion of Journey (if applicable)	\$	
Refund received on cancellation	\$	



Name and Address of usual family doctor:

Name:		
Address:		
How long has the doctor been known to the patient?	years	months
Are you a member of a private Health Insurance Fund? E.g. Medibank?		Yes No
If YES, please supply the name of fund and member number:		

**PLEASE NOTE:** All medical accounts must first be lodged with your Private Health Fund, if applicable. The policy is only able to consider Non-Medicare claimable expenses.

**Part 6 – Emergency Expenses Claim (for additional travel & accommodation incurred during the journey)**

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM\*

Failure to provide these items may result in delays in processing your claim.

1. Receipts and/or Tickets relating to additional expenses incurred
2. Doctor's/Hospital Certificate specifying exact nature of condition suffered by Injured/Sick person.
3. Letter from Travel Agent or carrier verifying reason for additional expenses and/or any refund applicable.

Date/s Expenses Incurred:
Reason for additional travel or accommodation Expenses Incurred:

List the Country and the Currency of the Country in which you incurred the costs:

Country	Currency

List specifically the additional TRAVEL expenses:

Details	Amount
	A\$
	A\$
	A\$
TOTAL	A\$



Airline	Claim No.

NOTE: The Warsaw/ Montreal Convention imposes a liability upon the Carrier and you should claim on them first. What Action was taken to recover lost items?

Are any of the items covered by other insurance? Yes      No

If YES, which company?

Policy Number:

Were all the missing articles your property? If NO, Give Details

Other comments (if necessary)

Description and size of suitcase in which missing goods carried:

Full details of articles claimed (include value of cases)	Name and address from whom goods were purchased	Original Date of Purchase	Original Purchase Price	Replacement Amount claimed \$AUD	Remarks

### Part 8 – Accidental Death Claim

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM\***

\* Failure to provide these items may result in delays in processing your claim.

1. The Original Policy Document.
2. Certified Copy of Death Certificate stating cause of death.
3. Copy of Coroner’s Depositions and Findings (if applicable).
4. Certified copy of Birth Certificate.

What was the cause of death?		
When did the accident occur?	/ /	Time: <span style="float: right;">am/pm</span>
Was a coronial inquest held or is one to be held?		Yes      No
If YES, give details?		
Name and address of Family Doctor:		
Name:		
Address:		
How long has the doctor been known to the patient?		

### Part 9 – Personal Liability Claim

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM\***

\* Failure to provide these items may result in delays in processing your claim.

1. Letters or Demands of a claim made against you.
2. Quotations or receipts in support of a claim made against you.

Bodily Injury Provide relevant details: name, address, phone number and email address of Injured Party and details of Injury	
Injured Party Name:	
Address:	
Telephone:	Email Address:
Details of Injury	



<b>Damage to Property</b> List all Property Damage together with name, address, phone number and email address of Party claiming damage against you	
Injured Party Name:	
Address:	
Telephone:	Email Address:
Property Damage:	

Is the Injury or Damage related to a travelling companion?	Yes	No
Do you consider you were at fault? (If so, why)		

### Part 10 – Rental Vehicle Collision and Theft Excess Cover Claim

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM\***

\* Failure to provide these items may result in delays in processing your claim.

1. The Rental Agreement.
2. Notice from the Rental Company in respect of the excess or deductible.
3. Documentation evidencing payment of excess or deductible.
4. A copy of the Rental Vehicle Repair Invoice from the Hire Company.

Date of Loss	/	/	Value of Excess/ LDW
Please provide a full description of the circumstances of the incident giving rise to the claim:			

### Part 11 – Authority and Consent Declaration

I declare I am the person named on this form or I have a power of attorney to act on the claimant's behalf. I declare that the information provided in this form, to the best of my knowledge and beliefs are true and correct and if any answers to the questions completed in this form are not in my handwriting, I have certified that I have checked them and they are also correct.

I understand that if I have made or make any false, misleading or fraudulent statements, conceal or intentionally withhold relevant information for the assessment or ongoing review of this claim, Solution Underwriting Pty Ltd or its representative may:

- Refuse to pay this claim;
- Recover benefits paid that were based on false or misleading information I provided; and/or
- Be obliged to refer such case to relevant Authority.

I declare and authorise that I have read and understood the Privacy Statement provided with this form and I understand that my personal and sensitive information, may be disclosed to other parties as advised below and approve these purposes.

I hereby authorise and direct any medical attendant, Doctor, Hospital or other medical or health service provider to divulge to Solution Underwriting Pty Ltd, its representatives or any legal tribunal, and to release at any time details of



my personal medical history, including referrals to or treatment by any other Practitioners, any health or other information acquired with regard to myself for the purposes of allowing Solution Underwriting Pty Ltd or its representative to assess and manage my claim or assess any new, additional insurances (including re-instatements).

I also authorise my current and any previous Employer to release to Solution Underwriting Pty Ltd or its representative any personal or health information requested to facilitate an assessment of my claim. Under Government Privacy Legislation, I may access a copy of any reports provided to Solution Underwriting Pty Ltd or its representative.

I authorise Solution Underwriting Pty Ltd or its representative to obtain from Medicare such portion of my claims history deemed necessary by Solution Underwriting Pty Ltd or its representative to properly assess and manage my claim.

I also authorise the Institutions listed below to provide to Solution Underwriting Pty Ltd or its representative any health and other personal information that Solution Underwriting Pty Ltd or its representative considers essential and/or reasonable to further assess or evaluate my claim. I further authorise Solution Underwriting Pty Ltd or its representative to contact, release and obtain information it requires to assess my claim for benefits, from those other sources it considers necessary including, but not limited to the following:

- Any Doctor, ambulance, hospital or another health service provider;
- My employer, previous employer/s accountant/s and/or Financial Advisers and/or Union Delegate or Representative;
- Medicare, the Insurance Commission including PBS records;
- Any Insurance Company, including Workers Compensation Insurer;
- Insurance or financial reference agencies, re-insurers, financial institutions including banks, credit unions, building societies, mortgage providers, finance companies, (and Claims investigators) Private Investigators and Detectives and Forensic Accountants;
- Government Agencies, including but not limited to Centrelink, Australian Taxation Office, Australian Securities and Investments Commission, Department of Veterans' Affairs and Department of Immigration and Citizenship;
- Any Federal, State or Territory Police Department;
- Traffic Accident Commission (Victoria), State and Territory Roads and Traffic Authorities, Queensland Transport, Vic Roads Registration and Licensing Office, Transport South Australia; and/or
- Any other Institutions that holds my personal information.

I understand that Solution Underwriting Pty Ltd or its representative may be required to submit all documentation to a mediator, Solicitor, Complaints Resolution Tribunal or Court or to any other person necessary for claims determination purposes including the Trustee of any Superannuation Plan.

I understand a determination of my claim may not be possible if I withhold consent and authority for Solution Underwriting Pty Ltd or its representative to seek personal and/or health information in relation to my claim.

I agree that a scanned, photocopied or faxed copy of this authority shall be considered as effective and valid as the original.

Signature of Employee:
Name of Claimant (Please print):
Date:            /            /



## Privacy Statement

We are committed to protecting your privacy and confidentiality in accordance with the *Privacy Act 1988 (Cth)* including the *Privacy Amendment (Enhancing Privacy Protection) Act 2012* and it is one of our prime concerns that any personal or sensitive information you provide to us is not used for any other purpose than that intended and expected by you. This Privacy Policy describes our current policies and practices in relation to the handling and use of personal information.

### What information do we collect, hold and how do we use it?

We will collect personal information for primary purposes, which are relevant to providing and administering our financial products and services.

To enable us to provide advice on and arrange financial services, we collect the information needed by ourselves to ensure appropriate advice to you and information required by product suppliers. We will usually provide some or all of this information to our product suppliers. Some of these companies may be located outside Australia.

When a claim is made under an insurance policy, to enable us to assist in the claim process, we and our representatives and those of the insurer (including loss adjusters, investigators, medical advisers and lawyers) collect information about the claim, some of which may be personal information. We may collect the information from you or from third parties.

We provide this information to the insurer and or their agents and those appointed to assist you in making a claim. Again, this information may be passed on to your underwriters and reinsurers. We may use your personal information internally to help us improve our services and help resolve any problems.

### What if you don't provide some information to us?

We can only apply for and arrange financial service products if we have all relevant information. The insurance laws also require insureds to provide all the information required by the end insurer to help them decide whether to insure you and on what terms. Credit Providers also require specific information to help them assess any credit applications that we may facilitate on your behalf.

### How do we hold and protect your information?

We hold the information we collect from you in our computer system and in our hard copy files. We ensure that your information is safe by following the usual security procedures expected by our clients.

### Will we disclose the information we collect to anyone?

We may disclose information to:

- Financial institutions, other Australian Financial Service Licensees, Insurers, underwriters, underwriting agencies, wholesale brokers and reinsurers (for the purpose of seeking recovery from them or to assist them to assess insurance risks);
- Premium funders / Credit providers for the purposes of gaining quotations on and arranging funding of your insurance premiums / financial investments;
- An investigator, assessor, State or Federal Health Authorities, lawyers, accountants, medical practitioners, hospitals or other professional advisors (for the purposes of investigating or assessing your claim);
- A lawyer or recovery agent (for the purpose of defending an action by a third party against you or for the purpose of recovery costs including your excess);
- Contractors who supply services to us, e.g. to handle mailings on our behalf;
- An immediate family member; and
- Other companies in the event of a corporate sale, merger, reorganisation, dissolution or similar event.

However, we will do our best to ensure that they protect the information in the same way that we do. We may provide this information to others if we are required to do so by law or under some unusual other circumstances which the Privacy Act permits. We do not sell, trade, or rent personal information to others.

### How can you access, check, update or change your information?

Upon receipt of your written request from you and enough information to allow us to identify the information, we will disclose to you the personal information we hold about you. We will also correct, amend or delete any personal information that we agree is inaccurate. If you wish to access or correct your personal information please write to the Privacy Officer at Solution Underwriting Agency Pty Ltd.



We do not charge for receiving a request for access to personal information or for complying with a correction request. We do however reserve the right to charge you for all reasonable costs and outgoings specifically incurred in meeting your request for information.

### **Your Consent**

By asking us to provide you with our financial services, you consent to the collection and use of the information you have provided to us for the purposes described above.

### **Complaints About Privacy**

Should you have a complaint regarding a breach of privacy please contact our Complaints Officer who will handle the matter in accordance with our formal complaints handling procedures.

Your complaint can be lodged over the phone, via mail or email or you may wish to make an appointment with our Complaints Officer at a convenient time and location. We will do all that is reasonable in the circumstances to address your complaint.

### **Information Sent Overseas**

In certain situations, it is likely that that some or all of the Personal Information that you provide to us may be disclosed to businesses that operate overseas. This would only occur where the product provider / intermediary is based overseas – e.g. Lloyds of London syndicates or brokers and other overseas based insurers and intermediaries or in situations where we utilise "Cloud Computing" services that are situated outside Australia.

In all such cases, unless we expressly inform you and obtain your consent to the contrary, we commit to making reasonable enquiries to ensure that these organisations comply with their local privacy legislation where such legislation is comparable to the Australian legislation and to comply with the key components of Australian Privacy legislation in cases where their local legislation is considered inadequate or non-existent.

We recommend that you retain a copy of this statement for your records.

### **Contact Us**

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Level 5, 289 Flinders Lane  
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Email: [solutionassist@solutionunderwriting.com.au](mailto:solutionassist@solutionunderwriting.com.au)

To be completed by the Insured for all Claims on Corporate Travel Policies

I, (Company Representative)	
confirm that (Insured Person)	
is an employee of/ member of	
And that he/she was on Authorised Business Travel on the Date of Loss	
Signature	
Name	
Title	
Contact Number:	
Claim Reference (if known)	
Policy Number (if known)	