

solution.

Corporate Travel Insurance Claim Form

Claim Form



Important Information

This claim form has been issued to assist the insured to notify a claim under a **corporate travel** policy.

- The issue of the claim form does not indicate acceptance of the claim.
- Do not admit liability.
- Make sure you provide all the details about your claim and complete all sections of the form.
- The insurer will acknowledge receipt and assign a dedicated claims specialist who will contact you or your broker within 2 business days.
- Within 10 business days you will be advised by the insurer if any further information is required to consider coverage within 10 business days following receipt of a new claim.

Definitions

In this form:

us, we means Solution Underwriting Agency Pty Ltd (Solution);

you, your means the Insured making the claim

insurer means the Insurer named in your insurance policy.

Privacy Statement

What information do we collect and how do we use it?

When we arrange insurance on your behalf, we only ask you for the information we need and we only use the information that we collect for the primary purpose(s) for which we collect it. These are:

- Providing quotes for insurance cover (including obtaining risk carrier confirmation where necessary);
- Issuing insurance policies;
- Handling claims under insurance policies;
- Providing information about insurance matters;
- Dealing with brokers, risk carriers and reinsurers; and
- Operating our business.

This can include a broad range of information ranging from your name, address, contact details, age to other information about your personal affairs including your financial situation, health and wellbeing.

Insurers may in turn pass on this information to their reinsurers. Some of these companies are located outside Australia. For example, if we seek insurance terms from an overseas insurer (e.g. various Underwriters at Lloyd's), your personal information may be disclosed to the insurer. If this is likely to happen, we inform you of where the insurer is located, if it is possible to do so.

When you make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about you from others. We provide this information to your insurer (or anyone your insurer has appointed to assist it to consider your claim, e.g. loss adjusters, medical brokers etc.) to enable it to consider your claim. Again, this information may be passed on to reinsurers.

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

We can only fully arrange your insurance or assist you with a claim, if we have all relevant information. The insurance laws require you to provide us with the information we need in order to be able to decide whether to insure you and on what terms. You have a duty to disclose the information which is relevant to our decision to insure you.

When do we disclose your information overseas?

If you ask us to seek insurance terms, we may place your business with Lloyd's of London or an overseas insurer located outside Australia. They will require you to disclose information to them to enable them to make a decision about whether to insure you.

We will tell you at time of arranging your insurance if the insurer is overseas and in which country the insurer is located. If the insurer is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will seek your consent before disclosing your information to that insurer.

Disclosing personal information on applications for insurance with various Underwriters at Lloyd's, or with insurers that operate within the companies market, will be permissible because the European Union (EU) data protection laws provide comprehensive protection for the personal information of insureds which is similar to the APPs and you can pursue your rights if there is a failure to comply with those laws.

Australian and overseas insurers acquire reinsurance from reinsurance companies that are located throughout the world, so in some cases your information may be disclosed to them for assessment of risks and in order to provide reinsurance to your insurer. We do not make this disclosure, this made by the insurer (if necessary) for the placement for their reinsurance program.

We may also disclose information we collect to the providers of our policy administration and underwriting systems that help us to provide our products and services to you. These policy administration providers and underwriting systems may be supported and maintained by organisations overseas and your information may be disclosed to those organisations. Please note that The Privacy Act and APPs may not apply to these organisations.

How do we hold and protect your information?

We strive to maintain the reliability, accuracy, completeness and currency of the personal information we hold and to protect its privacy and security. We keep personal information only for as long as is reasonably necessary for the purpose for which it was collected or to comply with any applicable legal or ethical reporting or document retention requirements.

We hold the information we collect from you in a working file, which when completed is securely stored electronically. We scan all paper documents and then shred originals.

We ensure that your information is safe by protecting it from unauthorised access, modification and disclosure. We maintain physical security over our paper and electronic data and premises, by using locks and security systems. We also maintain computer and network security; for example, we use firewalls (security measures for the Internet) and other security systems such as user identifiers and passwords to control access to computer systems where your information is stored.

Will we disclose the information we collect to anyone?

We do not sell, trade, or rent your personal information to others.

We may need to provide your information to contractors who supply services to us, for example to handle mailings on our behalf, external data storage providers or to other companies in the event of a corporate sale, merger, re-organisation, dissolution or similar event. We may also disclose information we collect to the providers of our policy administration and underwriting systems that help us to provide our products and services to you. However, we will take reasonable measures to ensure that they protect your information as required under The Privacy Act.

We may provide your information to others if we are required to do so by law, you consent to the disclosure or under some unusual other circumstances which The Privacy Act permits.

How can you check, update or change the information we are holding?

Upon receipt of your written request 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, irrelevant, out of date or incomplete.

If you wish to access or correct your personal information, please write to our Privacy Officer at Solution Underwriting, as they are responsible for all matters to do with privacy.

We do not charge for receiving a request for access to personal information or for complying with a correction request. Where the information requested is not a straightforward issue and will involve a considerable amount of time, then a charge will need to be confirmed for responding to the request for the information.

In some limited cases, we may need to refuse access to your information, or refuse a request for correction. We will advise you as soon as possible after your request if this is the case and the reasons for our refusal.

What happens if you want to complain?

If you have concerns about whether we have complied with The Privacy Act or this Privacy Policy when collecting or handling your personal information, please write to our Privacy Officer at Solution Underwriting at the address shown the beginning of this document.

Your complaint will be considered by us through our Internal Complaints Resolution Process. We will acknowledge your complaint within 24 hours and we will respond with a decision within 30 days of you making the complaint. If we need to investigate your complaint and require further time, we will work with you to agree to an appropriate timeframe to investigate. We will provide you with information concerning referring your complaint to the Australian Financial Complaints Authority (AFCA) if we cannot resolve your complaint.

Your consent

By asking us to assist with your insurance needs, you consent to the collection and use of the information you have provided to us for the purposes described above.

How to contact us

If you have a complaint or would like more information, please contact our compliance team on 03 9654 6100 or email compliance@solutionunderwriting.com.au or contact the Privacy Officer at our business address at the end of this document.

Our privacy policy and complaints process are available on our website www.solutionunderwriting.com.au.

1. Policy and claimant details

Insured company:

Name of policy holder/Insured:

Name of claimant:

Policy number:

Address:

State:

Postcode:

<input type="text"/>	<input type="text"/>
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Home telephone:

Work telephone:

<input type="text"/>	<input type="text"/>
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Mobile:

Email:

<input type="text"/>	<input type="text"/>
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Date of birth:

Occupation:

<input type="text"/>	<input type="text"/>
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Travel agent:

Date of booking travel arrangements:

<input type="text"/>	<input type="text"/>
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Date of departure:

Date of return:

<input type="text"/>	<input type="text"/>
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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:

Address:

Account holder's name:

BSB number:

Account number:

IBAN:

SWIFT code:

3. GST information (For Australian claims only)

Is the Insured registered for GST purposes?

Yes

No

What is the Insured's Australian Business Number (ABN)?

Has the Insured claimed or are they 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 the Insured claim or is entitled to claim? (If the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%):

 %

4. Cancellation charges, loss of deposit claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS 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.

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

What was the reason the Insured could not commence or complete their proposed journey?

Was the cancellation as a result of Injury/Sickness to the Insured? Yes No

Was the cancellation as a result of Injury/Sickness to some other relative or person as defined in the policy? Yes No

If **YES**, please provide details:

Name:

Age:

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Address:

Relationship:

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 patient's normal doctor:

Address of patient's normal doctor:

Date you cancelled the booking or advised the travel agent to cancel the booking (whichever was earlier):

Amount of deposit paid:

Date paid:

\$ <input type="text"/>	<input type="text"/>
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Balance of full fare:

Date paid:

\$ <input type="text"/>	<input type="text"/>
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Value of forfeited portion of Journey (if applicable):

Refund received on cancellation:

\$ <input type="text"/>	\$ <input type="text"/>
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Full amount being claimed:

\$ <input type="text"/>

Were any alternative arrangements offered? If so, please provide details:

Did the Insured accept any of the alternative arrangements?

Yes

No

What additional fares did the Insured incur as a result of alterations to the arrangement?

5. Overseas medical, dental and/or hospitalisation benefit claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*:

1. Original doctor's/hospital accounts and receipts together with details relating to medical benefit refunds
2. Original doctor's certificate verifying nature of complaint suffered by you

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

Type of Injury or Sickness:

Date of accident or commencement of Sickness:

If Injury - please provide full details of accident:

Date of first medical consultation:

Name of doctor or hospital:

Details of other treatment by doctors/hospital:

Dates in hospital

Admitted:

Time:

AM

PM

Discharged:

Time:

AM

PM

List the Country and the currency of the Country in which the Insured incurred the medical costs:

Country	Currency	Total Amount

Has the Insured ever suffered from the same or similar complaint in the past? Yes No
Was the Insured fit to fly prior to commencing their Journey? Yes No

If **YES**, give details, dates, names and addresses of treating Physicians:

Date	Physicians or providers	Address

Name and address of usual family doctor:

Name:

Address:

How long has the doctor been known to the patient?

 Years Months

Is the Insured 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.

6. Emergency expenses claim

(for additional travel & accommodation incurred during the journey)

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS 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

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

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	Expense	
	A\$	
	A\$	
	A\$	
	A\$	
	Total	A\$

List specifically the additional ACCOMMODATION expenses:

Details	Expense	
	A\$	
	A\$	
	A\$	
	A\$	
	Total	A\$

Were articles lost/damaged by a carrier? e.g. Airline

Yes

No

Name:

Has the Insured yet lodged a claim or complaint against any carrier/airline or other authority or against any individual responsible for the loss or damage to their property?

Yes

No

If **YES**, give details below and attach copies of correspondence.

If **NO**, you should proceed to claim with your carrier/airline before submitting the Insured's claim with Solution.

Airline	Claim No.

NOTE: The Warsaw/Montreal Convention imposes a liability upon the carrier and the Insured 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

8. Accidental death claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS 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

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

What was the cause of death?

When did the accident occur?

Date:

Time:

AM

PM

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?

9. Personal liability claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*:

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

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

Bodily Injury

List all Bodily Injuries together with name, address, phone number and email address of Injured party.

Injured party name:

Address:

Telephone:

Email address:

Details of Injury:

Damage to property

List all property damage together with name, address, phone number and email address of party claiming damage against the Insured.

Injured party name:

Address:

Telephone:

Email address:

Property damage:

Is the Injury or damage related to a travelling companion?

Yes

No

Does the Insured consider themselves were at fault? (If so, why?):

10. Rental vehicle collision and theft excess cover claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS 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

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

Date of loss:

Value of excess/LDW:

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Please provide a full description of the circumstances of the incident giving rise to the claim:

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 Agency Pty Ltd (Solution) 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, 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 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 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 or its representative.

Declaration

I declare that, to the best of my knowledge and belief, the information in this form is true and correct and I understand the claim may be refused or reduced if information is withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

I consent to Solution, my insurance broker and the insurer and its agents using the personal information I have provided on this form for the purposes of processing my claim. I consent to the disclosure of sensitive information to third parties in order to process this claim. I consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of the insurance claim.

I understand that if this consent is not given the insurer and its agents will not be able to process this insurance claim.

Signature of Insured or person with authority to sign for and on behalf of a company or partnership.

Signature:

Name:

Position:

Date (DD/MM/YY)

Please indicate the number of additional pages attached to this claim form:

Solution Travel

To be completed by the Insured for all claims on corporate travel policies

I, (Company representative):

is an employee of/member of:

And that the Insured was on authorised business travel on the date of loss:

Signature of claimant:

Name:

Title:

Contact number:

Claim reference (if known):

Policy number (if known):

Send claim form to:

Solution Underwriting Agency Pty Ltd
Level 5, 289 Flinders Lane,
Melbourne, VIC 3000 Australia

P: 03 9654 6100

Email: solutionassist@solutionunderwriting.com.au

solution.

Next Level
Underwriting™

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