



Corporate Travel Insurance Claim Form

Solution Underwriting Agency Pty Ltd

Level 5, 289 Flinders Lane,
Melbourne VIC 3000 Australia
Tel: 03 9654 6100

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Tel: 02 8582 6500

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Important information

This claim form has been issued to assist the insured to notify a claim under a **professional indemnity** 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.
- 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;

you, your means the insured making the claim

insurer means the insurer named in your insurance policy.

Privacy

We will collect your completed claim form and the accompanying Information from your broker and from yourself and forward this information to the insurer.

We are bound by the Privacy Act 1988 (Cth). Before providing us with any personal or sensitive information ('Information'), you should know that:

- We collect, use, process and store personal information and, in some cases, sensitive information about you such as health information, in order to comply with our legal obligations, to provide the claim form to the insurer to allow it to assess your claim application and manage your claim ('purposes').
- If you do not agree to provide us with the Information, the insurer may not be able to process your application or assess and / or pay your claim.
- By providing us with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your personal information, including your sensitive information, to us, the insurer and reinsurers, your broker, service providers, business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, authorities and as required by law within Australia or overseas. The insurer may obtain Information from government offices the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.
- In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.
- For further information about our Privacy Policy please refer to the Privacy link on our homepage – www.solutionunderwriting.com.au contact us by telephone on 03 9654 6100 email us at solution@solutionunderwriting.com.au

Send claim form to:

Solution Underwriting Agency Pty Ltd

Level 5, 289 Flinders Lane

Melbourne VIC 3000

email: 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

Insured company:

Name of policy holder/Insured

Name of claimant (Mr/Mrs/Miss/Ms):

Policy number:

Address:

State:

Postcode:

Home telephone:

Work telephone:

Mobile:

Email:

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:

Address:

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*:

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 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: _____ Age: _____

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: _____

\$

Balance of full fare: _____ Date paid: _____

\$

Value of forfeited portion of Journey (if applicable) _____ Refund received on cancellation _____

\$

\$

Full amount being claimed:

\$

Were any alternative arrangements offered? If so, give details:

Did you accept any of the alternative arrangements?

Yes

No

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

Part 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 - Give 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 you incurred the medical costs:

Country	Currency	Total Amount

Have you ever suffered from the same or similar complaint in the past? Yes No

Were you fit to fly prior to commencing your Journey? Yes No

Were you aware you would require treatment for your Injury or Sickness prior to your 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

Are you a member of a private health insurance fund? e.g. Medibank? Yes No

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*:

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	Dates
	A\$
	A\$
	A\$
	A\$
Total	A\$

List specifically the additional TRAVEL expenses:

Details	Dates
	A\$
	A\$
	A\$
	A\$
Total	A\$

Were these expenses incurred as a result of Injury or Sickness as claimed in Part 3? Yes No

If these expenses were incurred as a result of Injury or Sickness to any other person, please give details of the person and their relationship to you:

Name: _____ Age: _____

Address: _____

Relationship: _____ Cause: _____

Part 7 – Luggage, personal effects claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*:

1. Report or letter from authority (e.g. police, airline) regarding the loss
2. Receipts, guarantee certificates, instruction manuals, valuation certificates, bankcard or credit vouchers or other proof of purchase for items claimed
3. Bank statements, transaction receipts or other proof of cash claimed
4. Quotations for replacement of items claimed

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

Give full details of how losses, damage or thefts occurred: (Detail each event)

Date loss/damage occurred: _____ Time: _____
AM PM

Date loss/damage occurred: _____ Time: _____
AM PM

Loss/damage reported to (Police, airline or other authority):

Name: _____

Were articles loss/damaged by a carrier? e.g. Airline Yes No

Name: _____

Have you yet lodged a claim or complaint against any carrier/airline or other authority or against any individual responsible for the loss or damage to your 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 your claim with Solution Underwriting.

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*:

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?

Part 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 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*:

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:

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

Part 11 – Authority and consent declaration

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.

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 Underwriting) 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, 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 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 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 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 and the insurer, Chubb Insurance Australia Limited (ABN: 23 001 642 020; AFSL: 239687), 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

Applicant's Signature:

Applicant's Name:

Date:

/ /

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

Any queries, please contact us

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Solution Underwriting Agency Pty Ltd is forwarding this claim form on behalf of the Insurer named in your policy of insurance.



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

I, (Company representative):

is an employee of/member of:

And that he/she 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):

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