



# Solution Underwriting Corporate Travel Insurance Claim Form

Solution Underwriting Agency Pty Ltd

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## Send claim form to:

Solution Underwriting Agency 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:

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

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\*:

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	Amount
	A\$
	A\$
	A\$
	A\$
Total	A\$

List specifically the additional ACCOMMODATION expenses:

Details	Amount
	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 reported: \_\_\_\_\_ 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

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.

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

I also authorise the Institutions listed below to provide to Solution Underwriting or its representative any health and other personal information that Solution Underwriting or its representative considers essential and/or reasonable to further assess or evaluate my claim. I further authorise Solution Underwriting 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, VicRoads Registration and Licensing Office, Transport South Australia; and/or
- Any other institutions that holds my personal information.

I understand that Solution Underwriting 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 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: (DD/MM/YY)



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):

## Any queries, please contact us

### **Solution Underwriting Agency Pty Ltd**

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ABN 68 139 214 323 AFSL 407780



## Privacy statement

The objective of this policy is to assist us to comply with the Privacy Act 1988 (Cth) in our dealings with insureds and other people. The Act is designed to protect individuals' personal information. It does this by restricting the ways in which personal information may be used.

Complying with the Privacy Act helps us to enhance our client service.

At Solution Underwriting Agency Pty Ltd we are committed to protecting your privacy in accordance with the Privacy Act 1998 (Cth) and the Australian Privacy Principles. This Privacy Policy describes our current policies and practices in relation to the collection, handling, use and disclosure of personal information. It also deals with how you can complain about a breach of the privacy laws and how you can access the personal information we hold and how to have that information corrected.

### What is personal information?

Personal information is information or opinion about an individual whose identity is apparent or can easily be ascertained from the information or opinion.

### What is sensitive information?

Sensitive personal information is information or opinion about a person's racial or ethnic origin, political opinions, membership of a political, trade or professional association or a trade union, religious or philosophical beliefs or affiliations, sexual preferences, criminal record or health, genetic or biometric information.

### 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 and 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 data protection laws provide comprehensive protection for the personal information of insureds which is similar to the Australian Privacy Principles (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 hold the information we collect from you in our Information System, using local cloud systems and in our hard copy files. We take reasonable steps to protect your information by keeping our computer and network security (including firewalls) up to date; using multi-factor authentication and enterprise grade security practices, and keeping our office locked with restricted access.

## 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 broking 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?

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

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.

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 the address shown the end of this document.

Your complaint will be considered by us through our complaints process, details of which are outlined on our website.

## 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.

## Tell us what you think

We welcome your questions and comments about privacy. If you have any concerns or complaints, please contact our Privacy Officer at the address shown below.

## Contact us

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