



Send Claim to: International Services Network (ISN) Level 2, 280 George Street Sydney NSW 2000 AUSTRALIA Telephone: +61 2 8256 1791 Fax: +61 2 8256 1775 Email: claims@isn.au.com

TRAVEL INSURANCE REPORT FORM

- 1. This form must be fully completed in the sections applicable to your claim and signed.
2. The Privacy Consent section must also be signed for all claims.
3. For baggage/business property, electronic equipment and money/travel documents claims - attach invoices, valuations or receipts to support the value of the items being claimed and, most important, written confirmation from the police, Local Government or Carrier supporting your notification of the loss (if applicable).
4. For medical claims - enclose all the relevant documents to support your claim. Medical reports may be necessary; therefore, the Medical Authority on this form must also be signed and completed by you.
5. For damage or loss by the carrier, cancellation and curtailment, loss of deposits or additional expenses claims - obtain written advice from the carrier involved as to the amount of the refund obtainable from them as a result of the damage or loss of articles, cancellation or curtailment of the journey, loss of deposits or additional expenses.

The issue of this form is not an admission of liability or a waiver of rights and is without prejudice.

ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED

Employer/Subsidiary Name (ie, Downer Engineering, Mining, etc):
Policy Number Policy Expiry: 31 October
Name of Traveller (Mr/Mrs/Miss/Ms):
Occupation: Date of Birth:
Address: Email (Important):
Telephone: Home: Business: Mobile:

TRAVEL INFORMATION AND AUTHORISATION

Country or Countries Visited
Date of Departure Date of Return Was an air trip involved in the travel?
Please Print and Sign Name (Company Representative)\*
Position Held (Company Representative)\*
Is the above noted Travel an Authorized Business Trip (Company Representative)\*?

\*These sections may only be filled out by an authorised Company Representative (i.e. Person who authorised your travel).

ELECTRONIC FUNDS TRANSFER DETAILS

Following approval of your claim, your benefits will be transferred directly into your bank account. Please provide the following details:

Bank Draft in the following currency, or;
Direct to Bank Account Details Below:
Bank/Financial Institution: Address:
Account Name:
BSB Number: Account Number:
SWIFT:

## PRIVACY CONSENT, INFORMATION AUTHORITY AND WARRANTY

We have always valued your privacy. From 21 December 2001 we are bound by the *Privacy Act* 1988 when we collect and handle your personal information.

### **About your information**

International Services Network (ISN) is an outsourcing processing claims centre and we collect personal information that is necessary to provide and manage our service, as a third party administration and claims processing centre to our clients.

We disclose personal information to third parties when necessary to assist us and them in providing and managing this service. This may include agents, brokers, contractors, insurers, reinsurers, loss assessors, medical practitioners, insurance intermediaries, insurance reference bureaus, credit reference agencies, our and your advisers, persons involved in the claims handling process, Government authorities, courts, tribunals or other dispute resolution bodies. We limit the use and disclosure of any personal information provided by us, to them, to the specific purpose for which we supplied it.

You authorise International Services Network to collect, use and disclose your personal information for these purposes. You also give express authority for International Services Network to, where applicable collect, use and disclose your personal information that amounts to sensitive information under the Act, as required to provide and manage the relevant product or service.

If you do not agree to the above we may not be able to provide you with our services. If you wish to request access or correction to the information we hold about you, opt out of receiving materials we send or request a copy of our privacy policy then contact the Privacy Manager, International Services Network Pty Ltd, Level 2, 280 George Street, Sydney 2000.

I/we understand and agree to the above.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



**PERSONAL ACCIDENT & SICKNESS (INCLUDING DENTAL) AND  
MEDICAL & ADDITIONAL EXPENSES CLAIM**

|  |                            |   |
|--|----------------------------|---|
| Type of Injury or Sickness   |                            | Date of Accident or<br>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 / / am/pm         | Discharged / / am/pm                            |
| List the Country and the currency of the Country in which you incurred the medical costs | Country:                   | Currency: Total Amount                          |
|  | Country:                   | Currency: Total Amount                          |
| Have you ever suffered from the same or similar complaint in the past?                   | Yes / No                   |   |
| If Yes, give details, dates, names and addresses of treating physicians                  |                            |   |
| Name and address of usual treating doctor.   |                            |   |
| How long has the doctor been known to the patient?                                       |                            |   |
| Are you a member of a private health insurance fund (eg. Medibank, etc).                 | Yes / No                   | Name of fund:                                   |

**PLEASE NOTE: All medical accounts must first be lodged with your private health fund, if applicable.**

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

1. Original Doctor/Hospital accounts and receipts together with statements from Medicare and Private Health Funds.
2. Original Doctor's certificate

Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the supporting documents please advise the reason.

**CANCELLATION AND CURTAILMENT EXPENSES, LOSS OF DEPOSITS 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? | Yes/No  |      |
| If Yes : Name  | Address |      |
| Relationship   | Age     |      |
| Nature of complaint preventing travel  |         |      |
| Date you advised Travel Agent to cancel bookings   | / /     |      |
| Amount of Deposit paid and date paid   | \$      | Date |
| Balance of Full Fare and date paid   | \$      | Date |
| Value of Fortified Portion of Journey (if applicable)  | \$      |      |
| Refund received on cancellation  | \$      |      |
| Full amount being claimed  | \$      |      |
| Were any alternative arrangements offered?<br>If so, give details  |         |      |
| Did you accept any of the alternative arrangements?  | Yes/No  |      |
| What additional fares did you incur as a result of the arrangement?  |         |      |

~ You will also need to fill out the Missed Transport, Cancellation & Curtailment Claim section on the following page.

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

1. Original receipts and/or Tickets relating to additional expenses incurred.
2. Proof of cause ie. Original Doctor/Hospital certificate relating to Injured or Sick person or letter relating to cancellation, curtailment or diversion of scheduled public transport.

Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the supporting documents please advise the reason.

## PERSONAL LIABILITY CLAIM

|   |        |
|---|--------|
| Bodily Injury – Provide relevant details – Name<br>Address of injured Party and details of Injury                       |        |
| Damage to Property – List all Property Damage<br>together with Name and Address or Party claiming<br>damage against you |        |
| Is the Injury or Damage related to a travelling companion?  | Yes/No |
| Do you consider you were at fault?  | Yes/No |
| If so, why  |        |

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

1. Letter or document of a claim made on you.

Failure to provide these items may result in delays in processing your claim. It is impossible to provide any of the supporting documents please advise the reason.

## MISSED TRANSPORT, CANCELLATION & CURTAILMENT CLAIM

(For additional travel and accommodation incurred during the journey)

|  |          |              |        |
|--|----------|--------------|--------|
| Reason for incurring additional travel<br>or accommodation expenses  |          |              |        |
| List the Country and the Currency of<br>the Country in which you incurred the<br>costs   | Country: | Currency:    |        |
| List specifically the additional<br>TRAVEL expenses  | Details  |              | Amount |
|  |          |              | A\$    |
|  |          |              | A\$    |
|  |          |              | A\$    |
|  | TOTAL    |              | A\$    |
| List Specifically the additional<br>ACCOMMODATION expenses   | Details  |              | Amount |
|  |          |              | A\$    |
|  |          |              | A\$    |
|  |          |              | A\$    |
|  | TOTAL    |              | A\$    |
| Were these expenses incurred as a result of Injury or Sickness as claimed in Part 1? Yes/No  |          |              |        |
| If these expenses were incurred as a result of Injury or<br>Sickness to any other person, please give details of<br>cause, name, address, age of person and relationship to<br>you | Name     |              | Age    |
|  | Address  | Relationship |        |
| Cause  |          |              |        |

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

1. Receipts and/or tickets relating to additional expenses incurred.
2. Doctor/Hospital certificate specifying exact nature of condition suffered by injured/sick person.
3. Letter from the 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. It is impossible to provide any of the supporting documents please advise the reason.

### RENTAL VEHICLE EXCESS WAIVER CLAIM

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

Failure to provide these items may result in delays in processing your claim. It is impossible to provide any of the supporting documents please advise the reason.

### PERSONAL ACCIDENT & SICKNESS – ACCIDENTAL DEATH CLAIM

What was the cause of death?

When did the accident occur?

Time

am/pm

Was a coronial inquest held or is one to be held? Yes/No

If yes, give details

Place where inquest held:

#### THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM:

1. The original policy document.
2. Original of the death certificate which will be returned to you.
3. Copy of the Coroner's depositions and findings (if applicable).
4. Original birth certificate which will be returned to you

Failure to provide these items may result in delays in processing your claim. It is impossible to provide any of the supporting documents please advise the reason.