

Important Notices

Instructions

- Please refer to the **Product Disclosure Statement and Policy** for details of coverage and general conditions applicable to claims.
- Please ensure that this Claim Form is completed for all Sections of the Policy which apply to your claim. Any question left unanswered or answered in an incomplete way may delay the processing of your claim.
- If there is insufficient space provided to fully answer any question, please attach an additional sheet of paper with the extra information as required.
- Please attach all supporting documentation.
- All attachments form part of this Claim Form and are subject to the Declaration.
- The acceptance of this Claim Form does not constitute an admission of liability by us or a waiver of our rights.

Privacy

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United Kingdom and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit www.penunderwriting.com.au.

Complaints Handling

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au.

General Insurance Code of Practice

Pen Underwriting and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The Code commits general insurers to uphold high standards of service and practice. A copy of the Code can be obtained from us upon request or from www.codeofpractice.com.au.

1. Particulars of Insured

- (i) Name of Insured:
- (ii) Policy Number:.....
- (iii) Your Insurance Broker
 - (a) Company Name:
 - (b) Contact Name:.....
- (iv) Your Travel Agent
 - (a) Company Name:
 - (b) Contact Name:.....
- (v) Date you Booked your Travel Arrangements:
- (vi) Date of Departure:
- (vii) Date of Return:.....
- (viii) What is your Australian Business Number (ABN):
- (ix) Are you registered for GST Purposes: Yes or No
- (x) If you claim an ITC on your BAS statement for the GST paid for this Policy do you claim 100%? Yes or No
 If it is a lesser amount, show this amount:%

2. Particulars of Claimant

- (i) Name of Claimant:
- (ii) Address of Claimant:.....
- (iii) Telephone: Day: Night:..... Mobile:.....
- (iv) Date of Birth:.....
- (v) Occupation:.....
- (vi) Details of your usual Family Doctor:
 - (a) Practice Name
 - (b) Doctor's Name:
 - (c) Address:.....
 - (d) How long has the Doctor been known to the patient?.....

3. For a Cancellation Charges, Loss of Deposit Claim

- (i) What was the reason you could not commence or complete your proposed journey?
- (ii) Was the cancellation as a result of Injury / Sickness to yourself? Yes or No
- (iii) Was the cancellation as a result of Injury / Sickness to some other relative or person as defined in the Policy? Yes or No
 If Yes, please provide the following details:
 Name: Address:
 Relationship: Age:.....
- (iv) Nature of complaint preventing travel:
- (v) Date of First Medical Treatment:.....
- (vi) Has the Injured / Sick person had a similar condition in the past? Yes or No
- (vii) Date you advised Travel Agent to cancel bookings:
- (viii) Amount of Deposit Paid: \$ Date Paid:.....
- (ix) Balance of Full Fare: \$ Date Paid:.....

(x) Value of forfeited Portion of Journey (if applicable): \$ Refund received on cancellation: \$

(xi) Full amount being claimed: \$

(xii) Were any alternative arrangements offered? Yes or No

If Yes, please provide details:

(xiii) Did you accept any alternative arrangements? Yes or No

(xiv) What additional fares did you incur as a result of the arrangement: \$

4. For an Overseas Medical, Dental and / or Hospitalisation Benefit Claim

(i) Type of Injury / Sickness:

(ii) Date of Accident or Commencement of Sickness:

(iii) If Injury, give full details of Accident:

.....

(iv) Date of First Medical Consultation:

(v) Name of Doctor or Hospital:

(vi) Details of other treatment by Doctors / Hospital:

.....

(vii) Dates and times in Hospital: Admitted: am / pm Discharged: am / pm

(viii) List the Country and the currency of the Country in which you incurred the medical costs:

Country	Currency	Total Amount
.....	\$
.....	\$

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

If Yes, give details of dates, names and addresses of treating physicians:

.....

(x) Are you a member of a Private Health Insured Fund (eg. Medibank)? Yes or No

If Yes, what is the name of the Fund: Membership No:

Please Note: All medical accounts must first be lodged with your Private Health Fund if applicable.

(xi) Were Intana Assist contacted in regards to the above medical claim? Yes or No

If Yes,

(a) What date and time were they contacted?

(b) What reference number or claim number was given?

(xii) **The following items must be included with this Claim (failure to provide these items may result in delays in processing your claim):**

(a) Original Doctor's / Hospital accounts and receipts together with details relating to medical benefits refunds.

(b) Original Doctor's Certificate verifying nature of complaint suffered by you.

5. For an Additional Expenses Claim (for additional travel and accommodation incurred during the journey)

(i) Reason for incurring additional travel or accommodation expenses:

.....

.....

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

Country	Currency
.....
.....

(iii) List specifically the additional TRAVEL expenses:

Details	Amount
.....	AUD \$
.....	AUD \$
.....	AUD \$
.....	AUD \$

(iv) List specifically the additional ACCOMMODATION expenses:

Details	Amount
.....	AUD \$
.....	AUD \$
.....	AUD \$
.....	AUD \$

(v) Were these expenses incurred as a result of Injury or Sickness as claimed under Section 1 of the Policy? Yes or No

If Yes, were these expenses incurred as a result of Injury or Sickness to any other person? Yes or No

If Yes, please provide the following details:

Name Age:

Address: Relationship:

Cause:

(vi) **The following items must be included with this Claim (failure to provide these items may result in delays in processing your claim):**

- (a) Receipts and / or Tickets relating to additional expenses incurred.
- (b) Doctor's / Hospital Certificate specifying exact nature of condition suffered by Injured / Sick person.
- (c) Letter from Travel Agent or carrier verifying reason for additional expenses and / or refund applicable.

6. For a Baggage, Personal Effects Claim

(i) Give full details of how loss, damage or theft occurred (detail each event):

.....

.....

.....

.....

(ii) Date of Loss / Damage: Date: Time: am / pm

(iii) Date Reported Loss / Damage: Date: Time: am / pm

(iv) Loss / Damage reported to (Police, Airline or other Authority) Name:.....

(v) Were items lost / damaged by Carrier (eg. Airline)? Yes or No

If Yes, Name of Carrier:

(vi) 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 or No

If Yes, give details and attach copies of correspondence:

Airline	Claim No
.....
.....
.....

Note: The Warsaw Convention imposes a liability upon the Carrier and you should claim on them first.

(vii) What action was taken to recover lost items?

.....

(viii) Are any of the items covered by other insurance? Yes or No

If Yes, Company is: Policy Number:

(ix) Were all the missing items your property? Yes or No

If No, give details:

(x) Description and size of suitcase in which missing goods carried:

(xi)

Full Details of items claimed (include value of suitcases / bags)	Name and address from whom the items were purchased	Original Date of Purchase	Original Purchase Price	Deduction for Depreciation	Amount Claimed AUD \$	Remarks

(xii) **The following items must be included with this Claim (failure to provide these items may result in delays in processing your claim):**

- (a) Receipts and / or Tickets relating to additional expenses incurred.
- (b) Receipts, Guarantee Certificates, Instruction Manuals, Valuation Certificates, Bankcard or Credit Card Vouchers or other proof of purchase for items claimed.
- (c) Bank Statements, transaction receipts and other proof of cash claimed.
- (d) Quotation for replacement of items claimed.

7. For an Accidental Death Claim

(i) What was the cause of death?

(ii) When did the accident occur? Date: Time: am / pm

(iii) Was a coronial inquest held or is one to be held? Yes or No

If Yes, where was / is the inquest to be held:

(iv) **The following items must be included with this Claim (failure to provide these items may result in delays in processing your claim):**

- (a) The Original Policy Document.
- (b) Original of the Death Certificate (which will be returned to you).
- (c) Copy of Coroner's Depositions and Findings (if applicable).
- (d) Original Birth Certificate (which will be returned to you).

8. For a Personal Liability Claim

(i) Bodily Injury – please provide the relevant details:

(a) Name of Injured Party:

(b) Address of Injured Party:

(c) Details of Injury:

(ii) Damage to Property – please provide the relevant details:

(a) Name of Party claiming damage against you:

(b) Address of Party claiming damage against you:

(c) Details of Property Damage:

(iii) Is the Injury or Damage related to a traveling companion? Yes or No

(iv) Do you consider you were at fault? Yes or No

If Yes, why:

- (v) **The following items must be included with this Claim (failure to provide these items may result in delays in processing your claim):**
 (a) Letters or Demands of a claim made against you.

9. Rental Vehicle Excess Waiver Claim

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

- (ii) **The following items must be included with this Claim (failure to provide these items may result in delays in processing your claim):**

- (a) The Rental Agreement.
 (b) Notice from the Rental Company in respect of the excess or deductible.
 (c) Documentation evidencing payment of excess or deductible.

Declaration of Insured

I/We declare that:

- I/We have read and understood the **Important Notices** on this Claim Form.
- The answers and information given in this Claim Form are true and correct in all respects.
- I/We have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement

Signature of Claimant: Date:.....

Signature of Insured: Date:.....

Full Name:

Title:.....

Authority for Medical Report

I (please print FULL NAME of Claimant).....
 of (address)

authorise any medical practitioner, hospital or other person who has attended or examined me in relation to the *injury/sickness which is relevant to this claim to provide to Pen Underwriting or their authorised representatives, all information in any way relating to the *injury/sickness.

I agree that a copy of this completed authority shall be considered as effective and as valid as the original.

Signature of Claimant: Date: