

## TRAVEL INSURANCE REPORT AND CLAIM FORM

This form must be fully completed in the sections applicable to your claim and signed. Please ensure all supporting information is provided with your claim form otherwise there may be delays in processing.

Please keep a photocopy of all documentation you send us for your own record.

The Privacy Consent section must also be signed for all claims.

**The issue of this form is not an admission of liability by the company or a waiver of its rights.**

## SECTION 1 - YOUR DETAILS

**ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED**

Employer / Company:	<input type="text"/>	Policy Number:	<input type="text"/>
Business Unit Name:	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>
Name :	<input type="text"/>	Country:	<input type="text"/>
Nationality:	<input type="text"/>	Work Phone:	<input type="text"/>
Address:	<input type="text"/>	Do you consent to us communicating with you by email? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address 2:	<input type="text"/>	Email Address:	<input type="text"/>
Home Phone:	<input type="text"/>		
Mobile Phone:	<input type="text"/>		

## SECTION 2 - BANK DETAILS

**PLEASE ENSURE THAT YOUR BANK DETAILS ARE PROVIDED**

### Bank Details

Bank Name:	<input type="text"/>	Bank Address:	<input type="text"/>
BSB (Branch): Account	<input type="text"/>	Account Number:	<input type="text"/>
Holder's Name:	<input type="text"/>	Swift Code:	<input type="text"/>
IBAN Number:	<input type="text"/>	Currency:	<input type="text"/>

## SECTION 3 -TRAVEL INFORMATION AND AUTHORISATION

### Travel Details

#### Departure

#### Return

Proposed dates of travel:

Date: ||

Date: ||

Actual dates of Travel:

Date: ||

Date: ||

Country or Countries to be Visited:

Type of Travel? (Please select one or more):

☐ Air

☐ Sea

☐ Rail

☐ Bus

☐ Hire Car

Reason for Travel:

### Travel Approval

This section to be completed by an Authorised Company Representative who can approve the above listed travel

Name (Last, First, M.I.):

Position:

I agree that the above listed travel is authorised by my Company

Signature:

## SECTION 4 - CLAIM FOR LOSS OF PRE-PAID DEPOSITS

Does your claim arise as a result of illness, injury or accident to yourself?

Yes

No

Does your claim arise as a result of illness, injury or accident to some other person or relative as defined in the policy?

Yes

No

If yes, Name:

Address:

Relationship:

Age:

If your claim does not arise as a result of illness, injury or accident, describe the reason for your claim.

Date you advised Travel Agent to cancel bookings:

Has all or part of your travel been paid for?

(If all go to Q.3 below)

1. Amount of deposit paid:

Date paid:

2. Balance of full fare not paid:

Date paid:

3. Total cost of travel:

Value of forfeited portion of journey (if applicable):

Refund received on cancellation:

Full amount of booked travel being claimed:

Were any alternative arrangements offered ?

Yes

No

If Yes, give details:

Did you accept any alternative arrangement?

Have you incurred any additional fares?

TOTAL AMOUNT BEING CLAIMED (you must specify the currency of your claim if not AUD)

The following items must be included with this claim. (Photocopies can be submitted . If originals are submitted keep copies)

Receipts and/or tickets relating to original and any additional expenses incurred

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

## SECTION 5 - CLAIM FOR PERSONAL ACCIDENT OR ILLNESS

Does your claim arise from an accident,  
injury or illness while you were travelling?

Accident

Illness

Date of accident, injury or onset of illness

If illness - Type of illness, describe:

If injury - Give full details of accident, or injury occurrence:

Describe the treatment received:

Name and address of treating Doctor / Hospital / Clinic:

Date of treatment or treatments:

Country / Countries where you were treated:

Amount or amounts claimed - specify currency:

If illness - have you ever suffered from the same or similar condition in the past?

Yes

No

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

Are you a member of a private health insurance  
fund? If applicable all medical accounts must first  
be lodged with your private health fund.

Yes

No

Name of fund:

The following items must be included with this claim. (Photocopies can be submitted . If originals are submitted keep copies)

Original Doctor/Hospital accounts and receipts together with statements from Medicare and Private Health Funds

Original Doctors certificate, any medical, x-ray or test reports

## SECTION 6 - CLAIM FOR LOSS OR DEPRIVATION OF LUGGAGE /PERSONAL EFFECTS / ELECTRONIC EQUIPMENT / MONEY OR DOCUMENTS

Type of claim - Select one or more:

Loss      Deprivation      Damage      Theft

Time and date of the event

□□	□□	□□	□□	□□	□□	□□	□□	□□	□□
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Give full details of how the loss, deprivation, damage or theft occurred

Was the event reported:

Yes

No

Time and date of the report:

Reported to:

□□	□□	□□	□□
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□□	□□	□□	□□
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Were articles lost or damaged by the carrier?

Yes

No

If Yes, name the carrier:

If this is a deprivation claim - Date and time when items were returned to you

Time and date:

□□	□□	□□	□□
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□□	□□	□□	□□
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\* Have you made a claim or complaint against any Carrier/Airline Hotel or other authority or against any individual responsible for the loss or damage to your property? If so, attach details and copies of correspondence. **Note: The Warsaw/Montreal Convention imposes a liability upon the carrier and you should claim on them first.**

Yes

No

Are any of the items covered by other insurance?

Yes

No

If Yes, which insurer:

Policy No.

List if items claimed for:

Item Description	Name and address from where items were purchased	Original Date of Purchase	Original Purchase Price (specify currency)	Amount Claimed (specify currency)

(if insufficient space attach separate sheet)

## SECTION 7 - CLAIM FOR EMERGENCY EXPENSES DUE TO UNFORESEEN EVENT

Reason for incurring additional travel or accommodation expenses:

List the Country or Countries in which you incurred the costs

List specifically the additional <b>TRAVEL</b> expenses (Specify Currency)	Details	Amount Claimed
	TOTAL	
List Specifically the additional <b>ACCOMMODATION</b> expenses (Specify Currency)	Details	Amount Claimed
	TOTAL	
List Specifically the other <b>EMERGENCY</b> expenses (Specify Currency)	Details	Amount Claimed
	TOTAL	

Were these expenses incurred as a result of Injury or Sickness as claimed in Section 1?

Yes

No

The following items must be included with this claim. (Photocopies can be submitted . If originals are submitted keep copies)

Receipts / Invoices and/or tickets relating to additional expenses incurred

Doctor / Hospital certificate specifying exact name of condition suffered by any injured/sick person

Letter form the travel agent or carrier confirming the reason for additional expenses and/or any refund applicable

## SECTION 8 - CLAIM FOR RENTAL VEHICLE EXCESS WAIVER

Time and date of the event

Amount Being Claimed:

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. (Photocopies can be submitted . If originals are submitted keep copies)

The Vehicle Rental Agreement

Notice from the rental company in respect of the excess or deductible

Documentation evidencing payment of excess or deductible

## SECTION 9 - CLAIM FOR PERSONAL LIABILITY

Bodily Injury – Provide relevant details – Name  
Address of injured Party and details of Injury  
(Use separate sheet in insufficient room)

Damage to Property – List all Property Damage  
together with Name and Address of Party  
claiming damage against you. (Use separate  
sheet in insufficient room)

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. (Photocopies can be submitted . If originals are submitted keep copies)

Letter or document and all details of the claim made on you.

## PRIVACY STATEMENT, MEDICAL AUTHORITY AND DECLARATION

### Corporate Services Network (CSN)

CSN is committed to complying with the Privacy Amendment (Enhancing Privacy Protection) Act 2012 which amends the Privacy Act 1988 and has resulted in the introduction of the 13 Australian Privacy Principles (APPs). CSN will ensure that all personal information held is treated in accordance with the Act and the APPs.

All personal information collected is used only for the assessment of a claim or the provision of an insurance related service. In order to affect this, your personal information may be disclosed to or requested from third parties such as an insurer, employer, broker, medical practitioner, Medicare or other parties as required by law.

Consequently, given the placement of this insurance it may be necessary to disclose your personal information to a third party in the UK. If so, we will take reasonable steps to ensure that the overseas recipient of your information will not breach the APPs.

CSN will take all reasonable steps to ensure that personal information held by CSN is secure from any misuse, interference, loss, unauthorised access, modification or disclosure.

CSN has a privacy enquiries and complaints handling procedure to deal with any enquiry or complaint you may have about how we have collected, used or managed your personal information. If you would like to make an enquiry or complaint, please complete the "Privacy Complaint or Query" form that is available on our website at [www.csnet.com.au](http://www.csnet.com.au) and send to [privacy@csnet.com.au](mailto:privacy@csnet.com.au)

Our complete Privacy Policy is located on the above website or can be obtained from us by contacting 612 8256 1770. Both the Privacy Policy and Statement were last updated on 12 March 2014.

### Medical Authority and Declaration

I understand that by investigating my claim or by accepting proof of my claim, CSN has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to CSN using and disclosing my personal information to the insurer, the Policy Holder, my employer, the insurance broker, my medical practitioners, my health providers, Medicare, or other parties as required by law. I understand this is pursuant to CSN's Privacy Policy and this document.

In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to CSN's Privacy Officer.

I authorise any person or entity, including those referred to above, to provide to CSN such personal information (including health information) as CSN in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and cooperation to CSN in the assessment of my claim.

I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim.

I understand that if I do not consent to the terms of this authority or revoke my consent, CSN may not be able to process or assess my claim.

I appoint CSN to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Signature of Claimant:

Date: |

Name of Claimant:

Signature of Witness (any adult person):

Date: |

Name of Witness:



## **Travel Insurance Claim Checklist**

For Corporate and Business Travel Insurance claims that we manage, we often do not receive the necessary information or documentation required resolve the claim expeditiously and this results in processing delays. We understand there may be some knowledge gaps by claimants about the information/documents that should be submitted.

Here at CSN, our claims team has produced the following checklist to assist you with preparing the necessary information/documentation that you need to provide for your insurance claim and to help avoid those unwanted delays.

Please tick the boxes of the relevant sections from Step 1 – 3 before you submit your claim in order to have a better claims process experience.

If some of the information/documents are not available due to special circumstances, please kindly let us know, along with the reason(s) why as part of your claim submission. Our team will work with you or your insurance broker to help finalise your claim according to your policy's terms and conditions.

### **Step 1. Please make sure the below details are on your claim form.**

<input type="checkbox"/> Name of Policy:	e.g. XYZ Pty Ltd, Corporate Travel Policy
<input type="checkbox"/> Your Details:	Please just fill in the section on the claim form.
<input type="checkbox"/> Signature of Person Authorising your Trip (if your policy covers only authorised business trips):	e.g. relevant section of the claim form should be filled in by the person.
<input type="checkbox"/> Description:	Things we want to know are: where, when and how it happened? Did you pay reasonable precautions? Is any third party liable? Is there any refund?
<input type="checkbox"/> Claimed Amount:	Things we want to know are: how much in total in the original currencies? What's the breakdown? Which invoice does each amount refer to (it would be great if you could number each invoice)?

*Once you prepared all the above information, please move to Step 2.*

## Step 2. Claim details: Please jump to relevant section

<i>Medical &amp; Additional Expenses</i>	..... Go to 2A
<i>Cancellation &amp; Curtailment Expenses</i>	..... Go to 2B
<i>Missed Transport Connection</i>	..... Go to 2C
<i>Baggage/Business Property (loss, theft or damage)</i>	..... Go to 2D
<i>Deprivation of Baggage (essential item purchased due to baggage delay)</i>	..... Go to 2E
<i>Rental Vehicle Excess Waiver</i>	..... Go to 2F

### 2A. Medical & Additional Expenses

<input type="checkbox"/> Medical invoice	Please note that routine medical expenses are not covered by the policy.
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Once you prepare all the above, please move to Step 3.

### 2B. Cancellation & Curtailment Expenses

<input type="checkbox"/> Supporting Documents – Occurrence of Event:	e.g. emails from the airline, letter from hotel, medical certificate (to show the reason you could not travel), etc.
<input type="checkbox"/> Clear/Simple Description & Itinerary:	e.g. sequence of events with the dates. Itinerary to support it when necessary. When there are multiple itineraries, please clarify which is the original and which is the amended one.
<input type="checkbox"/> Supporting Documents – Amount of Loss:	e.g. receipts, credit card statement, confirmation of cancellation letter from travel agency, etc.
<input type="checkbox"/> Supporting Documents – Refund:	e.g. airline's refund policy, travel agency's letter to confirm the refund amount, etc.

Once you prepare all the above, please move to Step 3.

## **2C. Missed Transport Connection**

<input type="checkbox"/> Supporting Documents – Occurrence of Event:	e.g. emails from the airline (e.g. flight was delayed), etc.
<input type="checkbox"/> Itinerary:	Itinerary must show the schedule of your arrival and departure time.
<input type="checkbox"/> Supporting Documents – Amount of Loss:	e.g. receipts, credit card statement, etc.
<input type="checkbox"/> Supporting Documents – Refund:	e.g. a letter from the airline, travel agency's letter to confirm the refund amount (or no refund), etc.

*Once you prepare all the above, please move to Step 3.*

## **2D. Baggage/Business Property (loss, theft or damage)**

<input type="checkbox"/> Supporting Documents – Occurrence of Event:	e.g. police report, police report number, correspondences with the third party such as airline, hotel, etc.).
<input type="checkbox"/> Supporting Documents – Ownership of Lost/Stolen/Damaged Items:	e.g. original purchase receipts, credit card statement (to show the purchase), bank statement to show withdrawal of cash (for loss of cash), box/manual of the item, your picture wearing the item, etc.
<input type="checkbox"/> Supporting Documents – Amount of Loss:	e.g. original purchase receipts, something to determine the market price (quotation from a shop), etc.

*Once you prepare all the above, please move to Step 3.*

## **2E. Deprivation of Baggage (essential item purchased due to baggage delay)**

<input type="checkbox"/> Supporting Documents – Occurrence of Event:	e.g. emails from the airline to show that the baggage was delayed and for how long, etc.
<input type="checkbox"/> Supporting Documents – Amount of Loss:	e.g. names and receipts of the essential items purchased
<input type="checkbox"/> Supporting Documents – Refund:	e.g. airline's email/letter to show that there is any refund or no refund.

*Once you prepare all the above, please move to Step 3.*

## 2F. Rental Vehicle Excess Waiver

<input type="checkbox"/> Supporting Documents – Rental Agreement	The Agreement must show if you purchased a car insurance policy and how much the excess was.
<input type="checkbox"/> Supporting Documents – Amount of Loss:	The receipt must show how much you were charged for the damage.
<input type="checkbox"/> Supporting Documents – Adjustment:	Sometimes rental vehicle shop might deduct the fixed amount from your credit card and then refund some when the cost of repair was less. If it is likely the case we would like to see what the final amount is.

*Once you prepare all the above, please move to Step 3.*

## Step 3. Contact and Payment Details

<input type="checkbox"/> Your email address:	We will email you once your claim is settled.
<input type="checkbox"/> Your bank details:	Name of Bank Account Name BSB Number Account Number  For International Telegraphic Transfers: SWIFT Code Bank Address (City) Your Postal Address Preferred Currency (some currencies are not available for TT)

*Once you prepared all the information/documents, your claim is now ready for submission.*

## You can submit claims for processing via any of the following methods:

By Email: [claims@csnet.com.au](mailto:claims@csnet.com.au)  
By Post: GPO Box 4276, Sydney NSW 2001  
By Fax: +61 2 8256 1775

*Please ensure that you retain any original documentation until your claim has been finalised.*