

Business Travel Insurance Claim Form



Important Notices:

- Please refer to the **SRS Business Travel Insurance 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.
- **About SRS**
The SRS Business Travel Insurance Product Disclosure Statement and Policy are issued by SRS Underwriting Agency Pty Ltd ABN 89 113 929 516 AFSL 290518 as Coverholder and agent on behalf of certain Underwriters at Lloyd's of London. For details of your nearest SRS office, please visit www.srs.com.au or email info@srs.com.au
- **Complaints Handling**
If You are dissatisfied with the Policy, a decision SRS makes, SRS service, the service of others SRS appoints, or a claim settlement, SRS has an internal dispute resolution process to assist you. For further information, ask for a copy of the SRS Complaints and Disputes Resolution Policy or visit www.srs.com.au.
- **Privacy Statement**
SRS handles your personal information with care in accordance with the Privacy Act. SRS collects information about you to provide you with insurance products and a claims service. SRS only provides your personal information to certain Underwriters at Lloyd's of London and insurers (who may be located overseas), assessors, claims administrators, claims adjusters, legal advisers, and others appointed by SRS or Underwriters or insurers to assist in providing relevant products and services, or as required or permitted by law. You may elect not to supply SRS with personal information, however, SRS may then not be able to provide you with insurance products and a claims service. Where you provide SRS with personal information about others, SRS relies upon you to have made them aware of that disclosure and of the SRS Privacy Policy and to obtain their consent. You can ask SRS to update this information at any time and access it unless a legal exception applies. For further information about how SRS treats your personal information, ask for a copy of the SRS Privacy Policy or visit www.srs.com.au.
- **General Insurance Code of Practice**
SRS and Lloyd's of London proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of the Code can be obtained from www.codeofpractice.com.au, or from SRS upon request.

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 SRS 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):

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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

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 agree to SRS collecting, using and disclosing my/our personal information, including sensitive information if applicable, in accordance with the SRS Privacy Policy.

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 SRS or their authorised representatives, all information in any way relating to the *injury/sickness.

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

Signature of Claimant: Date: