

Making a claim

Before you start

In order for us to process your claim quickly it's important that you complete all the relevant sections of this form with as much detail as you can. If you do not have enough room please attach additional information on a separate sheet.

If you are giving authority to another person to act on your behalf in respect to this claim please complete the Nominated Authority box below.

You'll find it easier if you first get all your supporting documents together. You can find a full list of all the documents we will need on page 11. Use these documents to complete all relevant sections of the form.

What you need to do:

Steps 1 and 2:

These are all about you, your trip and what happened to cause you to need to make a claim.

Step 3:

This section is divided into specific sections relevant to different claim types. You only need to complete section(s) applicable to your claim.

Step 4:

Your bank details so we can transfer any cash payments for your claim directly.

Step 5:

This is the declaration form, you'll need to sign this in order for us to assess your claim.

Step 6:

The final step is a checklist to help you collate all your supporting documents.

Where to send the completed form

Check your form thoroughly and make a copy of everything before you send it to us. Please send us the originals and keep a copy for your records.

Email:
travelclaims@nib.com.au

Postal Address:
Travel Claims Department
PO Box A975
Sydney South, NSW 1235
Australia

Fax:
+61 2 8263 0494

1. You & your policy

Your Policy

1. Certificate of Insurance / Policy Number:

Did you contact nib International Assistance?

No ▶ Go to Question 2

Yes ▶ Give details below

Please enter your assistance reference number:

Your Details:

2. Title: First Name:

3. Last Name:

4. Date of birth: (DD/MM/YYYY)

 / /

5. Occupation:

6. Preferred contact number:

7. Email Address:

8. Address:

State/Region:

Postcode:

9. Preferred Method of Contact:

Email

Phone

Mail

Nominated Authority

I/We authorise:

Name of Nominated Authority:

Address:

Email:

State:

Postcode:

Date of birth: (DD/MM/YYYY)

 / /

Preferred contact number:

to act on my/our behalf in respect to this claim and to be provided with information relating to this claim.

2. Tell us what happened

Please provide an exact description of the events that caused you to make this claim.

What happened?

Example: I broke my leg/My bag was stolen/My child became ill.

How did it happen?

Please give a detailed account of exactly how the incident occurred.

When?

Date and time you were first aware of the loss, incident or need to change or cancel your trip:

(DD/MM/YYYY) (HH:MM) (AM/PM)

/ / :

Where?

Town and Country (eg Paris/France):

Location (eg Hotel Reception):

Information about your trip

1. When was your first booking?

/ / (DD/MM/YYYY)

2. When was the first payment for your trip?

/ / (DD/MM/YYYY)

3. When was the last payment for your trip?

/ / (DD/MM/YYYY)

4. Were you travelling for:

Holiday Business

5. If you purchased any of your travel arrangements on your credit card please give details:

Credit Card Provider: (eg National Australia Bank):

Card Type:

Visa Mastercard Amex Other

Card Level:

Standard Gold Platinum Other

If other please specify in the box below:

3: What are you claiming for?

The next part of this form is divided into specific sections relevant to different claim types. Please complete only the section(s) applicable to your claim. Specific documents will also be required to support your claim, the Checklist on page 11 will help guide you.

3a - Trip Cancellation or Change

Details of Cancellation or Change

1. Was the cancellation/change due to illness, injury or death?

Yes ▶ Go to Question 2

No ▶ Please advise reason:

2. If cancellation/change was caused by a person please provide the following:

Name of person causing the trip to be cancelled:

Their Date of Birth:

 / / (DD/MM/YYYY)

Relationship to you:

3. Name of all people whose arrangements have been cancelled/affected:

4. Date Agent/Airline Notified:

 / / (DD/MM/YYYY)

If your trip was cancelled:

5. Please provide the following details for costs claimed:

Date	Description	Supplier	Amount Paid	Refund Received	Amount Claimed
DD/MM/YYYY	Hotel Room	Expedia	\$100	\$25	\$75
Totals:			\$	\$	\$

Please note: If cancellation was caused by death, injury or illness you must also complete Step 3i.

If your trip was changed or postponed:

6. Total cancellation fee if trip was cancelled outright:

\$.

7. Additional amount paid:

\$.

8. Date trip was rebooked:

 / / (DD/MM/YYYY)

Loss of Reward Points

9. Total amount of points used to purchase air ticket:

10. Did you pay any additional amount towards this air ticket?

Yes No

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11. Total amount of points refunded:

12. Total amount of points lost:

13. Date Trip Rebooked:

 / / (DD/MM/YYYY)

3b - Additional or Other Expenses Claim

1. List all items you wish to claim for:

Details of Expense	Date of Expense	Amount Claimed							Currency
			3	4	5	.	0	0	
Extra nights accommodation at the Hotel De Paris	DD/MM/YYYY								Euro

3c - Travel Delay & Special Events

1. Complete this section if you were delayed on your trip. The two sections that apply are Section 6 Travel Delay and Section 9 Special Events in the Product Disclosure Statement (PDS).

Type of expense	Location	Date of Expense	Original Purchase Price							Currency
				2	1	8	.	0	0	
Airport Hotel	Singapore	DD/MM/YYYY							AUD	

3d - Delayed Luggage Claim

1. Your Arrival Date at Destination:

(DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

2. Date Your Luggage Arrived:

(DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

3. Have you made a claim against your carrier?

- No ▶ Go to Question 4
 Yes ▶ What compensation did the carrier pay you?

Amount: .
Currency:

4. Please provide a list of the essential items purchased:

Name of item purchased	Place of Purchase	Date of Expense	Original Purchase Price					Currency		
Disposable Razors	Seven Eleven	DD/MM/YYYY			2	8	.	9	5	AUD
							.			
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3e - Lost, Stolen or Damaged Luggage & Personal Effects Claim

Your luggage includes your clothing and other personal belongings. It also includes passports, visas, tickets and other documents.

1. Are you claiming for:

Loss Theft Damage

2. Date and time Loss/Theft/Damage was discovered:

(DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

3. Who was it reported to?

Police Airline/Carrier Tour Guide
 Hotel Management Other

If other please give details below:

4. Name of Police Officer or Relevant Authority:

5. Job Title/Position:

6. Location:

7. Report Number:

8. Date Reported:

(DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

9. If not reported, please explain why this policy requirement was not met:

10. Can this be claimed against your household insurance policy?

No ▶ Go to Question 11

Yes ▶ Give details below

Name of Insurer:

Policy Number:

Amount Paid by Insurer:

\$.

11. If you are claiming for spectacles, dentures, or a hearing aid, are these items claimable against your private health fund?

No ▶ Go to Question 12

Yes ▶ Give details below

Name of Fund:

Member Number:

Amount Paid by Health Insurer:

\$.

Please note: that if your luggage is delayed, lost or damaged while in the care of the carrier, they may have a responsibility to compensate you. It is therefore essential that you first claim compensation from the carrier and obtain and provide us with written confirmation of their response to your claim.

12. List all items you wish to claim for: (Refer to step 3e for Replacement of Travel Documents).

Details of Expense	Place of Purchase	Date of Purchase	Purchase Price						Currency	
Cannon X1 Digital Camera	DigiCameras	DD/MM/YYYY		5	4	9	.	9	5	AUD
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3f - Rental Vehicle Insurance Excess Claim

1. Type of Vehicle:

Car Campervan Minibus

2. Name of Vehicle Hire Company:

3. Name of Person Driving the Vehicle:

4. Their Date of Birth:

/ / (DD/MM/YYYY)

5. Rental Vehicle Excess:

.

Currency:

6. Actual Repair Costs:

.

Currency:

7. Amount You Are Claiming:

.

Currency:

3g - Medical and Dental Expenses Claim

1. Name of Ill/Injured Person:

2. Their Date of Birth:
 / / (DD/MM/YYYY)

3. Relationship to You:

4. Nature of Illness/Injury:

5. Date First Occurred:
 / / (DD/MM/YYYY)

6. Has the person been treated for this illness/injury or similar before?
 Yes No
 If YES please give details below:

7. If an injury occurred, was it whilst taking part in a snow sport activity (ie. skiing)?
 Yes No

8. Name and Address of Doctor/Dentist who treated illness/injury abroad:

9. Country where Illness/Injury was treated:

10. Were they admitted to hospital?
 Yes No

11. Date and Time Admitted:
 (DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

12. Date and Time Discharged:
 (DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

13. Are you claiming for loss of income due to illness or injury?
 Yes No

14. List of Medical Expenses Incurred:

Type of Service:	Date of Expense:	Cost Incurred:						Currency:	Account Paid:	
	DD/MM/YYYY		7	8	5	.	0	0		<input type="checkbox"/> Yes <input type="checkbox"/> No
Consultation									GBP	<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
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						.				Yes No
						.				Yes No
						.				Yes No
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						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
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						.				Yes No
						.				Yes No
						.				Yes No

3h - General Practitioner/Dentist Medical Certificate

(Part 1) - To be completed by the person whose state of health caused the claim or Executor/Guardian of that person (if applicable).

I authorise any hospital, physician or other person who has attended me, to give my travel insurance company or its representative, any, or all information, with respect to any sickness or injury, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. I agree that a photocopy of this authorisation will be considered as effective and valid as the original.

Name of the person whose illness or injury caused the claim:

Their Date of Birth:

 / / (DD/MM/YYYY)

Signature:

(Part 2) - To be completed by your usual General Practitioner/Dentist

This Medical Certificate must be completed at the claimant's expense by the usual doctor (G.P./) dentist of the person whose illness/injury/death caused this claim.

1. Name of Patient

2. Their Date of Birth:

 / / (DD/MM/YYYY)

3. Does he/she usually attend your practice?

No ▶ Go to Question 4

Yes ▶ If so, how long?

4. Do you have access to the patient's medical/clinical records?

Yes No

5. Please provide a precise diagnosis of the illness/injury:

6. Date of the onset of the illness or injury:

 / / (DD/MM/YYYY)

7. Date on which you were first consulted for symptoms of illness/injury:

 / / (DD/MM/YYYY)

8. Did you refer your patient to a specialist?

No ▶ Go to Question 13

Yes ▶ If so, Give details:

9. Name of Specialist:

10. Address of Specialist:

11. Date Referred:

 / / (DD/MM/YYYY)

12. Date First Attended Specialist:

 / / (DD/MM/YYYY)

13. Are you aware of referrals to any other Practitioners/Surgeon/Specialist?

No ▶ Go to Question 14

Yes ▶ If so, please provide details

14. Is the medical condition described caused or exacerbated by, traceable to, or related to any recurring illness or condition?

No ▶ Go to Question 15

Yes ▶ If so, please provide details:

15. Please provide details of all medication that your patient was taking over the past 24 months (regardless of prescribing physician) and the relating condition.

Condition:	
Medication:	
Condition:	
Medication:	
Condition:	
Medication:	
Condition:	
Medication:	
Condition:	
Medication:	

16. Please give details of any chronic disease or illness or any physical defect or infirmity from which he/she suffers:

17. Was the patient medically advised not to travel prior to the commencement of their trip?

No ▶ Go to Question 18

Yes ▶ On what date?

/ / (DD/MM/YYYY)

18. Did your patient travel overseas for the purpose of obtaining medical treatment or advice for medical treatment?

No ▶ Go to Question 19

Yes ▶ If so, please provide details:

19. Please provide a printout of your patient's medical history and clinical notes (if applicable).

Doctor's Declaration

I declare that I have examined the patient named above and/or have referred to their medical records and confirm that the information given is a true and correct statement.

Name of Doctor/Dentist:

Signature:

Email:

Phone:

Fax:

Doctor's Stamp:

Date:

4: Bank Details

If your claim is approved, we will deposit your refund in Australian Dollars directly into you nominated account.

The account nominated must be either a cheque or statement account. Unfortunately we are unable to deposit into a credit card.

Name of Bank:

Branch:

Account Holders Name:

BSB Number

Account number

5: Declaration

nib claims are handled by the dedicated claims team at nib Travel Services. nib Travel Services takes your privacy seriously. We use the information you provide to us to assess your claim and pursue any recovery. We may need to provide that information to other people, for example your insurers and any assessors, health professionals or others that we need to assist us in doing this. If you don't provide us with complete information, we will not be able to properly assess your claim. You can check the information we hold about you at any time.

For more information about how we use your personal information, please refer to the Privacy Notice in the nib Product Disclosure Statement or ask us for a copy of our privacy policy available from www.nibtravelinsurance.com.au/privacy.

I/We declare that all information provided is true and correct.

I/We authorise any person or organisation to provide nib Travel Services or its representative with any information that they may request in relation to this claim.

I/We agree that a photocopy of this authorisation is as effective and valid as the original.

Signature of Claimant:

Name of Claimant:

Date:

(DD/MM/YYYY)

6. Getting your paperwork together

To assess your claim faster, we prefer original documents which may be electronic like e-tickets. You can provide us with copies, however we reserve the right to request the originals or further documentation to support your claim, which may cause delays. If any of the documents are missing please provide a written explanation or please contact us on +61 2 8263 0487. Original documents will not be returned so please keep a copy of these documents for your own records.

Please see the final page for a checklist of the documents we will require.

Documentation Checklist

The following checklist provides you with the documents we require.

For All Claims We Need Your

- Proof of your travel dates (e.g. eTickets)
- Relevant Credit Card Statements where used to purchase travel arrangements

3a - Trip Cancellation

- Booking conditions showing breakdown of all trip costs
- Documents confirming refunds provided by travel agency, tour company, airline etc
- Proof of payment for trip (ie. receipts, credit card/bank statements showing payments made)
- Completed Medical or Death Certificate
- Letter from Transport Provider explaining the circumstances of the cancellation/refund/compensation
- Airline tickets if not refundable

3a - Loss of Reward Points

- Original airline ticket (including cost and points)
- Reward statement showing total points used, any points charged as cancellation & any refund of points

3b Additional Expenses

- Receipts or other evidence of expenses paid by you
- Evidence from the provider (Airline, Hotel, Bus company) explaining the circumstances of the expenses
- Booking invoice with original pre-paid arrangements

3c Travel Delay

- Receipts/invoices for the additional costs.
- Your flight itinerary showing the scheduled departure time for your flight.
- Your used boarding pass showing the actual departure time, or written confirmation from the airline confirming the time you departed or the next flight available.
- Written confirmation from the airline confirming what compensation they awarded.

If you missed pre-booked accommodation and travel arrangements

- Your booking invoice(s), showing the date you made the booking, amount paid & people on the booking.
- Written confirmation from the booking agent(s), or provider(s), confirming the booking(s) remained unused, & what refunds they have provided.
- Your flight itinerary showing the scheduled departure time for your flight.
- Your used boarding pass showing the actual departure time, or written confirmation from the airline confirming the time you departed.
- Written confirmation from the airline confirming what compensation they awarded.

3c Special Events

- Receipts/invoices for the additional costs that you've claimed.
- Your flight itinerary showing the scheduled departure time for your flight.
- Your used boarding pass showing the actual departure time, or written confirmation from the airline confirming the time you departed or the next flight available.
- Letter from your employer on company letterhead confirming the date you were due to return to work (only required for the Return to Work section); or
- Evidence you were due to attend the wedding, conference, sporting event or funeral.

3d Delayed Luggage

- Property Irregularity Report (PIR)
- Written confirmation from the carrier of when your luggage was returned to you and compensation paid
- Original receipts for essential items purchased
- Boarding pass & baggage tags from the carrier who caused your luggage to be delayed

3e - Lost, Stolen or Damaged Luggage & Personal Effects

- Proof of ownership of all items
- Repair quotes for damaged items
- Loss report from police or relevant authority made within 24 hrs of loss
- Original receipts for replacement items
- Property Irregularity Report (PIR)
- Boarding pass & baggage tags from the carrier
- ATM, bank, credit card statement or currency conversion slips showing withdrawal of funds
- Proof that IMEI number locked for mobile phones

3f - Rental Vehicle Insurance Excess

- Rental vehicle agreement showing the excess you are liable for
- Receipts for excess payment
- Credit card statement showing payment of the excess
- Copy of repair quote/account
- Copy of rental vehicle accident/incident report

3g - Medical and Dental Expenses

- General Practitioner/Dentist Medical Certificate (3h) (If you suffered with Gastroenteritis/stomach bug, ear/nose/throat infection, or a cold/flu, then you do not need to have this form completed.)
- Original medical/dental receipts
- Treating doctors report
- Hospital admission & discharge reports where relevant
- Letter from dentist with details of emergency treatment provided