



# 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:

Fax:

### Postal Address:

nibtravelclaims@ cerberusrisks.com

Travel Claims Department PO Box A975

Sydney South, NSW 1235

Australia

+61 2 8263 0494

# 1. You & your policy

### **Your Policy**

Certificate of Ir	surance / Polic	y Number:
Did you contact	t Emergency As	ssistance (Specialty Assist)?
No > Got	o Question 2	
Yes > Give	details below	
Please enter yo	our assistance re	eference number:
our Details	:	
Title:	First Name	!
Last Name:		
Date of birth: (	DD/MM/YYYY)	
/	/	
Occupation:		
Preferred conta	act number:	
Email Address:		
Address:		
State/Region:		Postcode:
Preferred Meth		
Email	Phone	Mail
nail:		
Ialli.		
		Destando
ate:		Postcode:

## Nominated Authority

I/We authorise:

Name of Nominated Authority:	Email:	
Address:	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?	Where?
Date and time you were first aware of the loss, incident or need to change or cancel your trip:	Town and Country (eg Paris/France):
(DD/MM/YYYY) (HH:MM) (AM/PM)	
	Location (eg Hotel Reception):
Information about your trip  1. When was your first booking?    DD/MM/YYYY)	<ol> <li>If you purchased any of your travel arrangements on your credit card please give details:</li> <li>Credit Card Provider: (eg National Australia Bank):</li> </ol>
2. When was the first payment for your trip?	
/ (DD/MM/YYYY)	Card Type:
When was the last payment for your trip?	Visa Mastercard Amex Other
/	Card Level:
4. Wore you travelling for	Standard Gold Platinum Other
<ul><li>4. Were you travelling for:</li><li>Holiday Business</li></ul>	If other please specify in the box below:
1 IOIIUay Duoii Icoo	





# 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.

<b>3a -</b> Trip	Cancellation or Char	nge				
Details of Car	ncellation or Change					
1. Was the can	cellation/change due to illness, injury	or death?	Rela	tionship to you:		
Yes > G	o to Question 2					
No > Pl	ease advise reason:			e of all people whe	ose arrangements affected:	
If cancellation the following	on/change was caused by a person ple	ase provide				
Name of per	son causing the trip to be cancelled:					
Their Date o	/ (DD/MM/YYYY)		4. Date	Agent/Airline Not	(DD/MM/	YYYY)
Date	Description	Supplier		Amount Paid	Refund Recieved	Amount Claimed
DD/MM/YYYY	Hotel Room	Expedia		\$100	\$25	\$75
			Totals:	\$	\$	\$
If your trip wa			9. Tota 10. Did	Reward Points	s used to purchase air	
/	/ (DD/MM/YYYY)			I amount of points	refunded:	

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12. Total amount of points lost:

(DD/MM/YYYY)

13. Date Trip Rebooked:





# 3b - Additional or Other Expenses Claim

1. List all items you wish to claim for:

Details of Expense	Date of Expense	Amount Claimed		Currency
Extra nights accommodation at the Hotel De Paris	DD/MM/YYYY	3 4 5	. 0 0	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	Origin	al Purc	hase P	rice	_			Currency
Airport Hotel	Singapore	DD/MM/YYYY		2	1	8	$\left  . \right[$	0	0	AUD
							.[			
							$ \cdot $			
							-			
							$ \cdot $			
							-			
							-			
							-			
							-			
							-			
							-			
							•			

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# 3d - Delayed Luggage Claim

1.	Your Arrival Date at Destination:	4 A A	(444/540)	3.	Have you m	ade a claim	agains	your	carrier?	•	
	(DD/MM/YYYY)	(HH:MM)	(AM/PM)		No > G	o to Questic	on 4				
		:			Yes > v	What comp	ensatio	n did	the ca	rrier p	ay you?
2.	Date Your Luggage Arrived: (DD/MM/YYYY)	(HH:MM)	(AM/PM)		Amount:					Curren	су:
	/ / /		( 4407 101)								
											,
	Discourse the Patricular section	Pal Davis and Salara	.1								
	Please provide a list of the essen		d: Purchase	Date of	Expense	Original Pu	rchasa D	rice			Currency
	sposable Razors	Seven El		DD/MM		Originaria	2	8	9	5	AUD
DIS	pusable nazuis	Severi Ei	everi	DD/IVIIVI	/ 1 1 1 1			0	. 9	5	AUD
									-	-	
								$\vdash$	-	-	
									-		
									-		
									-		
									-		
							-		-	-	
									-		
		,									
2	e - Lost, Stolen or	Damaged	Luggag	م ک D	arcona	I Effoc	tc C	laim	,		
J	= LOSI, OIOIGITOI	Damageu	Luggag	σαι	CISOIIa	i Liiec	13 U	ıaııı	1		
	ur luggage includes your clothing a			4.	Name of Po	lice Officer	or Relev	ant Au	thority	:	
it a	lso includes passports, visas, ticke	ets and other docur	nents.								
1.	Are you claiming for:			5.	Job Title/Po	sition:					
	Loss Theft	Damage									
2.	Date and time Loss/Theft/Damag	ge was discovered:		6.	Location:						
	(DD/MM/YYYY)	(HH:MM)	(AM/PM)								
		:		7.	Report Num	ber:					
3.	Who was it reported to?			-							
	Police Airline/Carrier	Tour G	Guide	8.	Date Report	red:					
	Hotel Management	Other		0.	(DD/MM/YYY			(HF	H:MM)		(AM/PM)
	If other please give details below	:				7			$\neg$ :		
				9.	If not report	ed, please	explain v	ບ ∟ why thi	s		
					policy requi						





10. Can this be claimed against your house	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 11									
Yes > Give details below	No • Go to Question 12								
Name of Insurer:		Give details b	elow						
		Name of Fu	of Fund:						
Policy Number:		_							
		Member No	umber:						
Amount Paid by Insurer:		_							
\$            .		Amount Pa	id by Health I	nsurer:					
		\$							
						] [	_		
Please note: that if your luggage is delayed, los essential that you first claim compensation from 12. List all items you wish to claim for: (Re	the carrier and obtain and p	rovide us with written confir	mation of their					therefore	
Details of Expense	Place of Purchase	Date of Purchase	Purchase Pri	ce				Currency	
Cannon X1 Digital Camera	DigiCameras	DD/MM/YYYY	5	4	9	. 9	5	AUD	
						•			
						-			
						•			
						•			
						_			
							1		
						•			
						-			
						•			
						•			
2f Dontal Vahiala Inqui	ranga Evagas	Claim							
<b>3f</b> - Rental Vehicle Insu	rance excess	Ciaim							
Type of Vehicle:									
	nibus	5. Rental Veh	icle Excess:				Currer	ncy:	
odi daripervari iviii									
2. Name of Vehicle Hire Company:		☐ 6. Actual Rep	air Costs:				Currer	ncy:	
								•	
3. Name of Person Driving the Vehicle:		7	Ara Olaina	~ □			C	2011	
Ţ.		7. Amount Yo	u Are Claimin	g: 			Currer	icy:	
4. Their Date of Birth:				]					
	MM/YYYY)								





Yes

Yes

No

No

### 3g - Medical and Dental Expenses Claim

1.	Name of III/Injured Person:		7.	If an inj in a sno					t taking pari ))?	t		
_				Yes			No					
2.	Their Date of Birth:  (DD/MM/YYY	Y)	8.	Name a	and Ad	ddress	of Doo		ntist who			
3.	Relationship to You:			treated	ilines	S/Injur	y abroa	au:				
4.	Nature of Illness/Injury:											
5.	Date First Occurred:											
	/ / (DD/MM/YYY	Y)	9.	Countr	y whe	re Illne	ss/Inju	ry was	treated:			
6.	Has the person been treated for this illness/injury or similar before?											
	Yes No		10.	Were th				spital?				
	If YES please give details below:		44	Yes			No					
			11.	Date ar			nittea:		(HH:MM)	(/	AM/PN	1)
					/		/		:			
			12.	Date a			harge	d:				
				(DD/MN	// [ ] <b>/</b> [	<u>')</u>	,		(HH:MM)	,	AM/PN	1)
					/		/					
			13	Δre voi	∟ ı claim	ning fo	r loss (	of incor	ne due to ill	ness or ini	urv?	
			13.					of incor	me due to ill	ness or inj	ury?	
14	List of Madical European Incomedi		13.	Are you			r loss o	of incor	me due to ill	ness or inj	ury?	
	List of Medical Expenses Incurred: e of Service:	Date of Expense:			3			of incor	ne due to ill  Currency:		ury?	l:
Тур	List of Medical Expenses Incurred: e of Service:			Yes	3	1		of incor			ınt Paid	
Тур	e of Service:	Date of Expense:		Yes	:  :		No		Currency:	Accou	int Paid	No
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	n <b>t Paic</b> es   es	No No
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	int Paides   es es	No No No
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	es  es	No No No No
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	ent Paic	No No No No
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	es —	No No No No No
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	es  es es es es es	No No No No No
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	es Casacas Casaca Casac	No
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	es Casacas Casaca Casaca Casaca Casaca Casaca Casaca Casaca Casaca Casaca Casa	No
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	int Paid es  es es es es es es es es es	No
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	es — es	No N
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	es Casacas Casaca Casaca Casaca Casaca	No
Тур	e of Service:			Yes	:  :	1	No		Currency:	Account	int Paid es  es es es es es es es es es es es es es	No N
Тур	e of Service:			Yes	:  :	1	No		Currency:	Accou	int Paid  SS  SS  SS  SS  SS  SS  SS  SS  SS	No

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## 3h - General Practitioner/Dentist Medical Certificate

tl la in	Part 1) - To be completed by the person who he claim or Executor/Guardian of that person authorise any hospital, physician or other person who has attended formation, with respect to any sickness or injury, medical history, concords. I agree that a photocopy of this authorisation will be consider	on (if ap me, to giv onsultation,	oplicable).  ye my travel insurance company or its representative, any, or all prescription, or treatment, and copies of all hospital or medical
	ame of the person whose illness or injury caused the claim:  neir Date of Birth:  (DD/MM/YYYY)	Sig	nature:
Thi: der	art 2) - To be completed by your usual Gers Medical Certificate must be completed at the claimant's expense that of the person whose illness/injury/death caused this claim.  Name of Patient	by the usu	
	Their Date of Birth:  /	11.	Date Referred:
	Do you have access to the patient's medical/clinical records?  Yes No  Please provide a precise diagnosis of the illness/injury:		Date First Attended Specialist:  /
6. 7.	Date of the onset of the illness or injury:  /		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:
9.	Did you refer your patient to a specialist?  No > Go to Question 13  Yes > If so, Give details:  Name of Specialist:		



15. Please provide details of all medication that your patient

history and clinical notes (if applicable).



15. Please provide details of all medication that your patient	Doctor's Declaration
was taking over the past 24 months (regardless of prescribing physician) and the relating condition.	I declare that I have examined the patient named above and
Condition:	or have referred to their medical records and confirm that the information given is a true and correct statement.
Medication:	
Condition:	Name of Doctor/Dentist:
Medication:	Signature:
	Signature.
Condition:	
Medication:	
Condition:	Email:
Medication:	
Condition:	Phone:
Medication:	Fax:
16. Please give details of any chronic disease or illness or any physical defect or infirmity from which he/she suffers:	Destade Claren
	Doctor's Stamp:
17. Was the patient medically advised not to travel	
prior to the commencement of their trip?	Date:
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	





### 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 Cerberus Special Risks. Cerberus 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 Cerberus 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

Original medical/dental receipts

Treating doctors report

completed.)

Hospital admission & discharge reports where relevant

Letter from dentist with details of emergency treatment provided

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