



### SECTION THREE: GST DECLARATION

**Must be completed ONLY in respect of:**

- Each company owned item
- Any other expenses where Australian GST is incurred by the company

Are you registered for GST purposes? Yes No

If yes, what is your ABN?

Have you claimed, or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made? Yes No

If yes, what percentage of ITC did you claim or are you entitled to claim?

### SECTION FOUR: TRAVEL INFORMATION – COMPULSORY

Departure Date / / Return Date / /

Departure City Destination City

Departure Country Destination Country

Reason for Travel

Business/Work Holiday Combination Other  
(details)

### SECTION FIVE: DETAILS OF INCIDENT – COMPULSORY

Date of Incident / / Time am pm

Incident City Incident Country

Please describe how the accident/damage/theft/loss/illness occurred and complete relevant sections:

### SECTION SIX: MEDICAL EXPENSES – (IF APPLICABLE)

- **This section is to be completed ONLY where the event has occurred AFTER THE COMMENCEMENT of the Insured Travel**
- Medical Receipts will be required to accompany this section
- We reserve the right to call for all details of medical history of the claimant, or the person whose accident, illness or death necessitates the curtailment of the journey
- All medical and hospital accounts incurred within Australia must first be submitted to Medicare for refund, also to your private health fund if applicable.

Was the Emergency Assistance Company contacted? Yes No

If an illness, has the claimant suffered this complaint before? Yes No

If yes, please provide details:

Date of Expense	Medical and/or Hospital Expenses (use separate sheet if insufficient space)	Amount Claimed (please state currency)

## SECTION SEVEN: LOST, STOLEN OR DAMAGED LUGGAGE & PERSONAL EFFECTS (IF APPLICABLE)

- In the event of loss or damage occurring whilst in the care of carriers (airlines, bus companies, etc) the carrier should have been notified and a Property Irregularity Report obtained and forwarded with this form.
- A full description of articles lost or damaged with details of the nature of damage, full particulars of purchase price and date and place of purchase are to be entered on the statement of claim below, together with proof of lost or damaged goods (e.g. receipts, valuation certificates, credit card statements).
- You should obtain an estimate for repairs where feasible or written confirmation from a competent repairer or dealer that the articles are damaged beyond economic repair.
- All optical expenses must first be submitted to your health fund, if applicable.
- Lost/stolen goods should be reported to the Police.

Was the incident reported to Police or any other authority? Yes No

If yes, please provide report/incident number:

If no, please provide explanation:

Were articles lost by a carrier? Yes No

**Note: The Warsaw Convention & The Montreal Convention impose a liability upon the carrier and you should claim against them first.**

Were all the missing articles your property? Yes No

If no, who is the owner?

Have you 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 No

If yes, please provide details and attach correspondence

If no, please provide explanation

If you are claiming for spectacles, dentures or a hearing aid, are these items claimable against your private health fund? Yes No

If yes, provide:

Name of Fund Member Number

Amount Paid for Health Insurer \$ Currency

## SECTION EIGHT: DELAYED BAGGAGE – (IF APPLICABLE)

Date of Your Arrival / / Time am pm

Date of Luggage Arrival / / Time am pm

Compensation Paid by Carrier \$ Currency

### STATEMENT OF CLAIM

Attach separate sheet if insufficient room

Give a full description of the article(s) lost or damaged and in addition a fully detailed description of the damage where applicable. Please attach relevant documentation to support your claim, e.g. receipts, photographs, manuals.

Full description of article/s & details of damage where applicable (provide evidence)	Original cost price	Date and Place of Purchase	Has Item been replaced	ITC %	Amount Claimed	CURR
<i>Dell Latitude x 150 – Cracked Monitor Photo 1</i>	<i>\$2600</i>	<i>26/6/2010 Dell Website</i>			<i>\$2600</i>	<i>AUD</i>

**SECTION NINE: ADDITIONAL AND/OR FORFEITED EXPENSES – (IF APPLICABLE)**

- This section is to be completed **ONLY** where the event has occurred **AFTER THE COMMENCEMENT** of the Insured Travel
- Only original accounts or receipts for accommodation and transport costs will be accepted.
- For additional expenses, a **MEDICAL CERTIFICATE**, or the Medical Certificate on Page 7 of this form, from the doctor who treated you must be provided to support change of plans due to accident, illness or death.

If you are claiming for additional expenses, what were your original plans for accommodation/transport and how were they changed?  
**Please ensure copies of original and amended itineraries are provided.**

**If insufficient space, please attach separate sheet.**

Date of Expense	Additional Transport/Accommodation Expenses (please supply full details)	Amount Claimed (state currency)

Date of Expense	Forfeited Expenses (please supply full details)	Amount Claimed (state currency)

**SECTION TEN: HIRE CAR EXCESS EXPENSES – (IF APPLICABLE)**

**Please ensure a copy of your Hire Vehicle Agreement, Damage Report and repair invoice(s) are attached.**

Name of Vehicle Hire Company

Type of Vehicle            Car                    Other (details)

Title                            Driver's Full Name

Rental Vehicle Excess \$                    Currency                    Actual Repair Costs \$                    Currency

**SECTION ELEVEN: CANCELLATION/LOSS OF DEPOSITS – (IF APPLICABLE)**

- If you are claiming because you cancelled your trip **PRIOR** to departure, as a result of injury, illness or death, you **MUST** have the Medical Certificate on Page 7 completed by the regular doctor of the person whose state of health has resulted in the claim.
- We reserve the right to call for all details of medical history of the claimant, or the person whose accident, illness or death necessitates the cancellation of the journey.
- A supporting document from the travel provider showing cancellation charges must be submitted with this form.

Date travel arrangements booked            /            /            Date of cancellation            /            /

Reason for Cancellation

If cancellation is due to accident, illness or death, state the name of the person whose accident, illness or death necessitates the cancellation of the travel.

**IN THE EVENT OF DEATH, PLEASE ATTACH DEATH CERTIFICATE**

Title	Given Name	Family Name		
Relationship of person to claimant				
Amount Paid \$	Currency	Amount Refunded \$	Currency	
Amount claiming \$	Currency			

If no refund amount is noted, please state why (you must obtain all refunds possible)

**SECTION TWELVE: PRIVACY STATEMENT**

ACS Financial Pty Ltd (ACN 062 448 122) (AFSL 247388) (ABN 91 460 778 961) (“ACS Financial”) (“we”/“us”) is committed to ensuring the confidentiality and security of your personal information.

We are bound by the Australian Privacy Principles (“APPs”) under the *Privacy Act 1988 (Cth)* regarding the way we handle your personal information.

We have implemented a Privacy Policy, under the APPs, which explains how we collect, hold, use and disclose your personal information, and how you can access and/or correct that information. Nothing in this policy limits any of our obligations at law.

You can obtain a copy of the ‘ACS Group Privacy Policy’ by calling 1800 646 777 or by downloading a copy at [www.acsfinancial.com.au](http://www.acsfinancial.com.au) (go to About Us > Policies, FSGs and Important Information).

Your personal information is collected for the purposes set out in the ACS Group Privacy Policy and is relevant to any recommendation that you acquire or offer to arrange for the issue of an insurance policy or a mutual protection to you as well as the amount of your premiums or contributions or the assessment of any claims made by you or your personal representative. If you do not provide the full information that we request and disclose every matter that you know or could reasonably be expected to know, we may be unable to assist you with your application or if you accept insurance cover and/or mutual protections you may be in breach of your Duty of Disclosure.

Ensure that you seek permission from individuals before you provide us with their personal information, and let them know about this Privacy Statement and how they can contact us if they want to access or correct information we hold about them.

We do not trade, rent or sell your personal information. We may use your personal information to provide you with information about other products, services and special offers. If you do not want your personal information used in this way, please write or email ACS Insurance Services with your opt-out request and they will arrange accordingly.

**SECTION THIRTEEN: DECLARATION - COMPULSORY**

I/We declare that:

- the information I/we have provided is true, complete and correct to the best of my/our knowledge, and I/we will inform ACS Financial should any of this information change in the future;
- the information I/we have provided includes every matter known to me/us that is relevant to the claim;
- I/We are duly authorised to act for and on behalf of the above-named organisation and have completed this claim form on behalf of it and all those who may be entitled to Protection, after due enquiry of all directors or office bearers and senior staff;
- I/We authorise ACS Financial to obtain from or give to ACS Mutual or insurance reference bureau or credit reporting agency any personal information relating to this or other insurance cover/Protection relating to me or the above-named organisation including claims or credit history; and
- I/We understand that I/we can obtain the ACS Group Privacy Policy, access personal information held about me/us, or raise privacy concerns by calling the ACS Group Privacy Officer on 1800 646 777, and consent to ACS Mutual and ACS Financial and their service providers using and disclosing my/our information in the way described in the Privacy Statement. Where information about a third party individual is supplied, I/we declare that the person has been made aware of that fact and of the Privacy Policy



# MEDICAL CERTIFICATE



THE CLAIMANT MUST OBTAIN AT THEIR OWN EXPENSE FROM THE PATIENT'S USUAL DOCTOR IN ALL CASES OF CANCELLATION AND MEDICAL CLAIMS RESULTING FROM ACCIDENT, ILLNESS OR DEATH

**IMPORTANT:** THE MEDICAL ATTENDANT IS RESPECTFULLY REQUESTED TO GIVE AS MUCH DETAIL AS POSSIBLE IN ORDER TO ASSIST OUR CLIENT AND AVOID THE NECESSITY OF ADDITIONAL ENQUIRIES

## SECTION FOURTEEN: PATIENT DETAILS - COMPULSORY

Title	Given Name	Family Name		
Date of Birth	/	/		
1. Are you his/her usual medical attendant?	Yes	No		
2. If yes, how long have you attended the claimant?	Days	Months	Year	
3. Please give precise details of the nature of the illness or injury.				
4. State date of onset of illness, or date / /				
5. State the date on which you were first consulted in relation to the condition described above and, in your opinion, how long the condition has been present prior to consultation.				
First Consultation Date	/	/	Condition has been present prior to consultation for:	
6. Are you prepared to certify that solely due to the condition described in question 3, the claimant/s was/were compelled to cancel the travel arrangements? Yes No				
7. What treatment, if any, has your patient previously received for this or any other related condition, and when was treatment received?				
8. Is he/she suffering from any chronic disease or illness or from any physical defect or infirmity?				
9. If the claim is as a result of a death, in your opinion, was it sudden and unexpected? Please give reasons for your answer.				
Signature				
Print Name				
Qualification				
Address				
Phone				
Fax				
Date	/	/		