

## TRAVEL INSURANCE CLAIM FORM

Gallagher Broking Services handle all travel claims on behalf of the Insurer and the University.

Staff & students should lodge the claim and any supporting documentation directly with Gallagher Broking Services preferably by sending a completed claim form via **email** to [claims\\_GriffithUniversity@ajg.com](mailto:claims_GriffithUniversity@ajg.com) or alternatively via fax or registered mail to the below address.

**Gallagher Broking Services**  
**Level 12, 201 Miller Street, North Sydney NSW 2060**  
**PO Box 6007, North Sydney NSW 2059**  
**Fax: +61 2 9242 2079**

Gallagher will review the claim and undertakes the process of managing the claim to finalisation. If further information is required Gallagher will approach the staff member/student directly to obtain such. Resolution of the claim will take place directly between Gallagher and the claimant. Gallagher will immediately report the lodging of any claim to **THE UNIVERSITY** via email before payment of any claim and seek approval to proceed with the payment of the claim.

The **Privacy Consent** section must also be signed for all claims. **For medical claims** – enclose all the relevant documents to support your claim. Medical reports may be necessary therefore the Privacy Consent section on this form must also be signed and completed by you.

This form must be fully completed in the sections applicable to your claim and signed.

For **baggage/business property, electronic equipment and money/travel documents claims** - attach invoices, valuations or receipts to support the value of the items being claimed and, most important, written confirmation from the police, Local Government or Carrier supporting your notification of the loss (if applicable).

For **damage or loss by the carrier, cancellation and curtailment, loss of deposits or additional expenses claims** – obtain written advice from the carrier involved as to the amount of the refund obtainable from them as a result of the damage or loss of articles, cancellation or curtailment of the journey, loss of deposits or additional expenses.

**The issue of this form is not an admission of liability or a waiver of rights and is without prejudice.**

### ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED

<b>GU Staff /Student</b>	<b>School / Element</b>		<b>Staff / Student ID No</b>	
<b>Insurer</b>	<i>ACE Insurance Limited</i>			
<b>Policy Number:</b>	<i>04PP007668</i>	<i>Expiry Date 1/11</i>		
<b>Insured:</b>	<i>Griffith University</i>			
<b>Claimants Name</b>				
<b>Address:</b>				
<b>Occupation:</b>		<b>Date of Birth</b>		
<b>Telephone (private)</b>		<b>Telephone (work)</b>		
<b>Telephone (mobile)</b>		<b>Email (important)</b>		
<b>TRAVEL INFORMATION AND AUTHORISATION</b>				
<b>Please attach a copy of your travel approval</b>		<b>Attached</b>	<b>YES</b>	<b>NO</b> (circle)
<b>Copy of leave or travel approval</b>		<b>Attached</b>	<b>YES</b>	<b>NO</b> (circle)
<b>ELECTRONIC FUNDS TRANSFER DETAILS</b>				
Following approval of your claim, your claim benefits will be transferred directly into your bank account.				
<b>Account Name</b>		<b>Name &amp; Address of Institution</b>		
<b>BSB Number</b>		<b>Account No</b>		

## PRIVACY CONSENT, INFORMATION AUTHORITY AND WARRANTY

We have always valued your privacy. From 21 December 2001 we are bound by the *Privacy Act* 1988 when we collect and handle your personal information.

### About your information

Gallagher Brokering Services is a process claims on behalf of insurers and we collect personal information that is necessary to provide and manage our service, as a third party administration and claims processing centre to our clients.

We disclose personal information to third parties when necessary to assist us and them in providing and managing this service. This may include agents, brokers, contractors, insurers, reinsurers, loss assessors, medical practitioners, insurance intermediaries, insurance reference bureaus, credit reference agencies, our and your advisers, persons involved in the claims handling process, Government authorities, courts, tribunals or other dispute resolution bodies. We limit the use and disclosure of any personal information provided by us, to them, to the specific purpose for which we supplied it.

You authorise Gallagher Brokering Services to collect, use and disclose your personal information for these purposes. You also give express authority for Gallagher Brokering Services to, where applicable collect, use and disclose your personal information that amounts to sensitive information under the Act, as required to provide and manage the relevant product or service.

If you do not agree to the above we may not be able to provide you with our services. If you wish to request access or correction to the information we hold about you, opt out of receiving materials we send or request a copy of our privacy policy then contact the Privacy Manager,

I/we understand and agree to the above.

Date:\_\_\_\_\_

Signature:\_\_\_\_\_

BAGGAGE/BUSINESS PROPERTY, ELECTRONIC EQUIPMENT, DEPRIVATION OF BAGGAGE AND MONEY/TRAVEL DOCUMENTS CLAIM

Give full details of how losses, damage or thefts occurred : (Detail each event)

Date loss/damage occurred	/ /	Time am/pm	Date loss/damage reported	/ /	Time am/pm
Loss/damage reported to – (Police, Airline or other authority)					
Were articles lost / damaged by Carrier? (e.g. Airline) Yes/No If yes, Name of Carrier:					
Have you yet 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? If so, give details and attach copies of correspondence. <b>NOTE: The Warsaw Convention imposes a liability upon the Carrier and you should claim on them first</b>			Airline:		Claim No.
What Action was taken to recover lost items?					
Are any of the items covered by other insurance? Yes/No			If Yes, - which company  Policy Number		
Were all the missing articles your property? Yes/No If no, give details					

Other comments (if necessary)

Description and size of suitcase in which missing goods carried						
Full details of articles claimed (include value of cases)	Name and address from whom goods were purchased	Original Date of Purchase	Original Purchase Price	Deduction for Depreciation	Amount Claimed (specify Currency)	Remarks

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM:

- Report or letter from Authority (e.g. Police, Airline) regarding the loss, where available.
- Proof of purchase of lost goods (e.g. Receipts, Guarantee or Valuation Certificates, Card Vouchers, etc.)

Failure to provide these items may result in delays in processing your claim. It if is impossible to provide any of the supporting documents please advise the reason.

PERSONAL ACCIDENT / SICKNESS, DENTAL, MEDICAL & ADDITIONAL EXPENSES CLAIM			
Type of Injury or Sickness		Date of Accident or Commencement of Sickness	/ /
If Injury – Give full details of Accident			
Date of First Medical Consultation			
Name of Doctor or Hospital			
Details of other treatment by Doctors/Hospital			
Dates in Hospital	Admitted	/ /	am/pm Discharged / / am/pm
List the Country and the currency of the Country in which you incurred the medical costs	Country:	Currency:	Total Amount
	Country:	Currency:	Total Amount
Have you ever suffered from the same or similar complaint in the past?	Yes / No		
If Yes, give details, dates, names and addresses of treating physicians			
Name and address of usual treating doctor.			
How long has the doctor been known to the patient?			
Are you a member of a private health insurance fund (eg. Medibank).	Yes / No	Name of fund:	

**PLEASE NOTE: All medical accounts must first be lodged with your private health fund, if applicable.**

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM:**

1. Original Doctor/Hospital accounts and receipts together with statements from Medicare and Private Health Funds.
2. Original Doctor's certificate

Failure to provide these items may result in delays in processing your claim. It if is impossible to provide any of the supporting documents please advise the reason.

CANCELLATION AND CURTAILMENT EXPENSES, LOSS OF DEPOSITS CLAIM	
What was the reason you could not commence or complete your proposed journey?	
Was the cancellation as a result of Injury/Sickness to you?	Yes/No
Was the cancellation as a result of Injury/Sickness to some other relative or person as defined in the Policy?	Yes/No
If Yes : Name	Address
Relationship	Age
Nature of complaint preventing travel	
Date you advised Travel Agent to cancel bookings	/ /
Amount of Deposit paid and date paid	\$ Date
Balance of Full Fare and date paid	\$ Date
Value of Fortified Portion of Journey (if applicable)	\$
Refund received on cancellation	\$
Full amount being claimed	\$
Were any alternative arrangements offered?	
If so, give details	
Did you accept any of the alternative arrangements?	Yes / No
What additional fares did you incur as a result of the arrangement?	

~ You will also need to fill out the Missed Transport, Cancellation & Curtailment Claim section on the following page.

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM:**

1. Original receipts and/or Tickets relating to additional expenses incurred.
2. 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.

Failure to provide these items may result in delays in processing your claim. It if is impossible to provide any of the supporting documents please advise the reason.

## PERSONAL LIABILITY CLAIM

Bodily Injury – Provide relevant details – Name Address of injured Party and details of Injury	
Damage to Property – List all Property Damage together with Name and Address or Party claiming damage against you	
Is the Injury or Damage related to a travelling companion? Yes/No If yes please advise	
Do you consider you were at fault? Yes/No If so, why	

### THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM:

1. Letter or document of a claim made on you.

Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the supporting documents please advise the reason.

## MISSED TRANSPORT, CANCELLATION & CURTAILMENT CLAIM

(For additional travel and accommodation incurred during the journey)

Reason for incurring additional travel or accommodation expenses		
List the Country and the Currency of the Country in which you incurred the costs	Country:	Currency:
List specifically the additional TRAVEL expenses	Details	Amount
		A\$
		A\$
		A\$
		A\$
	TOTAL	A\$
List Specifically the additional ACCOMMODATION expenses	Details	Amount
		A\$
		A\$
		A\$
		A\$
	TOTAL	A\$
Were these expenses incurred as a result of Injury or Sickness as claimed in Part 1? Yes/No		
If these expenses were incurred as a result of Injury or Sickness to any other person, please give details of cause, name, address, age of person and relationship to you	Name	Age
	Address	Relationship
Cause		

### THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM:

1. Receipts and/or tickets relating to additional expenses incurred.
2. Doctor/Hospital certificate specifying exact nature of condition suffered by injured/sick person.
3. Letter from the travel agent or carrier verifying reason for additional expenses and/or any refund applicable.

Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the supporting documents please advise the reason.

## RENTAL VEHICLE EXCESS WAIVER CLAIM

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:

1. The Rental Agreement.
2. Notice from the Rental Company in respect of the excess or deductible.
3. Documentation evidencing payment of excess or deductible.

Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the supporting documents please advise the reason.

## PERSONAL ACCIDENT & SICKNESS – ACCIDENTAL DEATH CLAIM

What was the cause of death?			
When did the accident occur?	/	/	Time am/pm
Was a coronial inquest held or is one to be held?	Yes/No	If yes, give details	
Place where inquest held			

### THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM:

1. The original policy document.
2. Original of the death certificate which will be returned to you.
3. Copy of the Coroner's depositions and findings (if applicable).
4. Original birth certificate which will be returned to you

Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the supporting documents please advise the reason.