

# Business Travel Claim Form

## Important: Please read before you complete this form

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1. Please ensure Section 8 is signed and dated.
2. Please scan and email the claim documentation to Arch Insurance at [AHclaims@archinsurance.com.au](mailto:AHclaims@archinsurance.com.au)
3. The issue of this form is not an admission of liability.

Please note you may be required to provide additional supporting information to assist with the assessment of your claim. For your specific claim, this information is including, but not limited to:

### Medical and Additional Expenses

- Medical Certificate and Reports
- Original Medical Receipts

Please note we are strictly prohibited to cover any expenses that have incurred a Medicare rebate. The Health Insurance Act 1973 (Cth) strictly prohibits any general insurer from covering any item that is listed on the Medicare Benefits Schedule. This also means that regardless of your out of pocket expenses, it is against the law for the Insurer to cover you for the Medicare Gap.

### Cancellation, Loss of Deposits and Missed Transport Connection:

- Receipts or letters from travel agents/airlines and accommodation providers
- Medical Certificates or letter from Doctor confirming reason for amendment or cancellation
- Refund advice from airline/accommodation provider
- Flight itinerary

### Baggage and Personal Belongings, Money and Sporting Equipment

- Proof of ownership of lost, damaged or stolen items (invoices, receipts)
- Police report, incident or event number
- Response from airline or transport provider after claim for lost or delayed baggage

### Rental Vehicle Excess

- Rental Agreement
- Police report, incident or event number
- Final repair invoice or quote for repairs

Arch Underwriting at Lloyd's (Australia) Pty Ltd

**Sydney:** Level 10, 155 Clarence Street, Sydney NSW 2000 | **P:** +61 2 8284 8400 **F:** +61 2 8088 1024

**Melbourne:** Suite 11.02, Level 11, 360 Collins Street, Melbourne VIC 3000 | **P:** +61 3 9629 5444 **F:** +61 3 9629 1854

**E:** [AHclaims@archinsurance.com.au](mailto:AHclaims@archinsurance.com.au)

[archinsurance.com.au](http://archinsurance.com.au)

## Section 1: Policy and Personal Information

|                        |       |                     |
|------------------------|-------|---------------------|
| Policy Number          |       | Policy Holder Name: |
| Title                  |       | Gender              |
| Given Name(s)          |       |                     |
| Family Name            |       | Date of Birth       |
| Residential Address    |       |                     |
| Suburb                 | State | Postcode            |
| Email Address          |       |                     |
| Daytime Contact Number |       | Alternative Number  |
| Employer's Name:       |       |                     |
| Job Position/Title:    |       |                     |

## Section 2: Electronic Funds Transfer (EFT) authorisation and GST information

I/We direct that the settlement money be paid to the nominated bank account as follows:

### AUSTRALIAN BANK DETAILS

|               |                 |
|---------------|-----------------|
| BSB Number:   | Account Number: |
| Account Name: | Name of Bank:   |

### INTERNATIONAL BANK DETAILS

|                   |                                            |
|-------------------|--------------------------------------------|
| Bank Name:        |                                            |
| Bank Address:     |                                            |
| Account Number:   | IBAN:                                      |
| Sort/Branch Code: | Swift Code:                                |
| Account Name:     | Account Currency (International Payments): |

**Important:** Arch shall not be liable for any losses incurred by you, as a result of you providing Arch with an incorrect bank account number under this section for the payment of this claim.

If you are a sole trader or own your own business, please complete the following table:

|                                                                                                                                                                                          |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| a) Are you registered for GST Purposes?                                                                                                                                                  | <input type="text"/> Y <input type="text"/> N |
| b) What is your Australian Business Number (ABN)?                                                                                                                                        |                                               |
| c) 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?                      | <input type="text"/> Y <input type="text"/> N |
| d) If Yes, what percentage of the GST did you claim or are you entitled to claim?<br>(if the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%) | <input type="text"/> %                        |

## Section 3: Travel Information

Proposed Departure Date (DD/MM/YYYY)

Proposed Return Date (DD/MM/YYYY)

Actual Departure Date (DD/MM/YYYY)

Actual Return Date (DD/MM/YYYY)

City and Country or Countries to be Visited

Reason for Travel

☐ Business

☐ Holiday

☐ Combination

☐ Other

Date of Incident (DD/MM/YYYY)

If Combination please confirm dates worked (DD/MM/YYYY) – (DD/MM/YYYY)

Location where incident occurred

Address

City

Country

Please describe the event that you are claiming for

## Emergency Assistance

Has Arch Assist been notified of this claim?

☐ Y ☐ N

*If yes, please provide case number:*

## Other Insurance

Did you pay for the trip on your credit card?

☐ Y ☐ N

*If yes, please provide the card type*

Did you purchase any other travel insurance for this trip?

☐ Y ☐ N

*If yes, please provide the name of the travel insurance provider and the policy number:*

## Section 4: Medical and Additional Expenses

- 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 your private health fund if applicable, if the limit has been reached on your private health fund for the specified service, we will require documentation from the health fund confirming the same.
- Please note we are strictly prohibited from covering any expenses that have incurred a Medicare rebate. The Health Insurance Act 1973 (Cth) strictly prohibits any general insurer from covering any item that is listed on the Medicare Benefits Schedule. This also means that regardless of your out-of-pocket expenses, it is against the law for the Insurer to cover you for the Medicare Gap.

| Date of Expense       | Treatment | Cost of Treatment | Medicare Rebate | Private Health Contribution | Amount being claimed<br>(Please state currency) |
|-----------------------|-----------|-------------------|-----------------|-----------------------------|-------------------------------------------------|
|                       |           |                   |                 |                             |                                                 |
|                       |           |                   |                 |                             |                                                 |
|                       |           |                   |                 |                             |                                                 |
|                       |           |                   |                 |                             |                                                 |
|                       |           |                   |                 |                             |                                                 |
|                       |           |                   |                 |                             |                                                 |
|                       |           |                   |                 |                             |                                                 |
|                       |           |                   |                 |                             |                                                 |
| Total Amount Claimed: |           |                   |                 |                             |                                                 |

**Please attach separate sheet if insufficient space above\***

Describe the injury/illness or sickness:

Do you have Private Health Insurance?

*If yes, please provide details*

☐ Y ☐ N

## Section 5: Cancellation, Loss of Deposits and Missed Transportation Connection

- If you are claiming because you cancelled your trip PRIOR to departure, as a result of injury, illness or death, you MUST have the Doctor's Statement completed by the regular doctor of the person whose state of health has resulted in the claim.
- A supporting document from the travel provider showing cancellation charges must be submitted with this form.

Does your claim arise as a result of illness or injury to yourself?

☐ Y ☐ N

Does your claim arise as a result of illness or injury to some other person defined in the Policy?

☐ Y ☐ N

If Yes, please provide their Full Name(s)

Relationship to you

Date of Birth

Reason for cancellation:

*Please note: If your claim does not arise as a result of illness or injury, describe the reason for your claim.*

Date travel arrangements booked (DD/MM/YYYY)

Date of Cancellation (DD/MM/YYYY)

Amount of deposit paid

Date Paid (DD/MM/YYYY)

Refund received on cancellation

Were any alternative arrangements offered?

☐ Y ☐ N

If yes, please give details:

Total amount being claimed

| Date of expense      | Details of expense | Currency | Amount Paid | Amount Refunded | Cost to amend | Cancellation Cost | Amount being claimed |
|----------------------|--------------------|----------|-------------|-----------------|---------------|-------------------|----------------------|
|                      |                    |          |             |                 |               |                   |                      |
|                      |                    |          |             |                 |               |                   |                      |
|                      |                    |          |             |                 |               |                   |                      |
|                      |                    |          |             |                 |               |                   |                      |
|                      |                    |          |             |                 |               |                   |                      |
|                      |                    |          |             |                 |               |                   |                      |
|                      |                    |          |             |                 |               |                   |                      |
| Total Amount Claimed |                    |          |             |                 |               | \$                |                      |

## Section 6: Baggage and Personal Belongings, Money and Sporting Equipment

- 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.
- 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.

Please confirm what you are claiming for:

☐ Loss
 ☐ Damage
 ☐ Theft
 ☐ Deprivation

Time and Date of the event (DD/MM/YYYY) (HH/MM) (AM/PM)

Was the incident reported to the Police? ☐ Y ☐ N

Report lost or stolen items to the Police ☐ Y ☐ N

If Yes, please provide incident / report number

If No, please provide explanation

Please advise the date of the report (DD/MM/YYYY)

Have you made a claim or complaint against any Carrier/Airline Hotel or other authority or against any individual responsible for the loss or damage to your property? If so, attach details and copies of correspondence. **Note: The Warsaw Convention & The Montreal Conventions imposes a liability upon the carrier and you should claim against them first**

Were articles lost or damaged by the carrier? ☐ Y ☐ N

If Yes, please name the carrier

Location where incident occurred:

Address

City Country

Are any of the items covered by another insurer? ☐ Y ☐ N

If yes, which insurer? Policy Number

Please give a full description below of the article(s) lost or damaged. Please attach relevant documentation to support your claim eg receipts, photographs, manuals etc

| Item Description | Original Cost Price | Date and Place of Purchase | Has the item been replaced | Amount Claimed (currency eg AUD) |
|------------------|---------------------|----------------------------|----------------------------|----------------------------------|
|                  |                     |                            |                            |                                  |
|                  |                     |                            |                            |                                  |
|                  |                     |                            |                            |                                  |
|                  |                     |                            |                            |                                  |
|                  |                     |                            |                            |                                  |
|                  |                     |                            |                            |                                  |

Please attach separate sheet if insufficient space above\*

## Section 7: Rental Vehicle Excess

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Is this claim related to a rental vehicle?

Y N

Was the vehicle from a licensed rental agency?

Y N

Details of the accident/damage:

Total Amount Claimed:

## Section 8: Privacy Notice, Medical Authority and General Authority

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### Privacy Notice

We collect, use and handle your personal information in accordance with our Privacy Policy found at <https://insurance.archgroup.com/divisions/international/australia/privacy-and-data-protection-australia/>, or you can request a copy by our contact details:

*Arch Underwriting at Lloyd's (Australia) Pty Ltd,  
Level 10, 155 Clarence Street  
Sydney, NSW, 2000*

or by telephone at (02) 8284 8400

or by email: [info@archinsurance.com.au](mailto:info@archinsurance.com.au)

### Medical Authority

I understand that by investigating my claim or by accepting proof of my claim, Arch has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to Arch using and disclosing my personal information to the insurer, the Policy Holder, my employer, the insurance broker, my medical practitioners, my health providers, Medicare, or other parties as required by law. I understand this is pursuant to Arch's Privacy Policy and this document.

I/We hereby authorise any hospital, medical practitioner, and any other person or entity who has attended to or examined me, to provide Arch with copies of medical records (including but not limited to consultations, prescriptions, treatment, hospital records, reports, medical correspondence) as requested.

### General Authority

I understand that, by investigating my claim or by accepting proof of my claim, Arch has made no acceptance of liability nor waived any of its rights.

I authorise Arch to collect, use and disclose my personal and financial information to any insurer, insurance broker, employer, financial institution, government body or other person or entity, for the purpose of assessing and administering my/our claim.

I authorise any such party to provide Arch with information and documents relevant to my claim, including but not limited to:

- details of insurance policies held (current or past);
- claims made, benefits paid or payable, and policy terms;
- financial information including earnings, employment and business activities; and
- any other information required to verify my/our entitlement to benefits or determine concurrent insurance.

I understand this authority is provided in accordance with Arch's Privacy Policy and the Privacy Act 1988 (Cth). I acknowledge that if I do not consent to this authority, Arch may be unable to process or assess my claim.

This authority remains valid for the duration of the claim unless revoked by me in writing. A copy of this authority shall be as effective as the original.

### Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I will use my best endeavours and render all reasonable assistance and cooperation to Arch in the assessment of my claim.

I understand that if I do not consent to the terms of this authority or revoke my consent, Arch may not be able to process or assess my claim.

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Name of Claimant:

Signature of Claimant:

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Date: (DD/MM/YYYY)

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Name of Witness:

Signature of Witness  
(any adult person):

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Date: (DD/MM/YYYY)