Corporate Travel Insurance

Important: Please read before you complete this form

1. Please ensure Section 8 – Declaration is signed and dated.
2. Please scan and email the claim documentation to Arch Insurance at 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

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 or incident report or event number
- Response from airline or transport provider after claim for lost or delayed baggage

Rental Vehicle Excess
- Rental Agreement
- Police or incident report
- Final repair invoice or quote for repairs

Arch Underwriting at Lloyd's (Australia) Pty Ltd

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Pursuing Better Together®

Section 1: 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

Please provide bank and account details for payment. For security purposes, Arch will contact you to verify the EFT details provided.

BSB Number (6-Digits)	Account Number	Account Holders Name	Bank	Bank Swift Code (International Payments)	Bank Account Currency (International Payments)	Bank Address (International Payments)

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

a) Are you registered for GST Purposes? Y 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? Y N

d) If Yes, what percentage of the GST did you claim or are you entitled to claim?
(if the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%) %

Section 3: Travel Information

Proposed Departure Date | Proposed Return Date

Actual Departure Date | Actual Return Date

Country or Countries to be Visited

Reason for Travel

☐ Business ☐ Holiday ☐ Combination ☐ Other

Date of Incident

Country where incident occurred

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	Medical and/or Hospital Expenses	Amount Claimed (Please state currency)
		Total Amount Claimed:

Please attach separate sheet if insufficient space above*

Describe the injury/illness or sickness:

Are you covered for Private Health Insurance? Y N
If yes, please provide details

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 Date of Cancellation

Amount of deposit paid Date Paid

Refund received on cancellation

Were any alternative arrangements offered? Y N

If yes, please give details:

Total amount being claimed

Airline	Accommodation	Currency	Amount Paid	Amount Refunded	Amended Cost	Cancellation Cost
Subtotal Amount Claimed	$ 3434		$ 3434	$ 3434	$ 3434	
Total Amount Claimed	3434			$ 3434		

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

Was the incident reported to the Police or any other authority? Y N

If Yes, please provide incident / report number

If No, please provide explanation

Please advise the date of the report

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

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

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 Statement, Declaration and Medical Authority

Privacy Statement

I/We agree that, by signing this form, the personal information I/we provide to Arch may be collected, held, used and disclosed in the manner set out in the Arch Privacy Statement found at www.archinsurance.com.au, including for the processing of this claim.

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.

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.

Name of Claimant:	Signature of Claimant:
Date: (DD/MM/YYYY)	
Name of Witness:	Signature of Witness (any adult person):
Date: (DD/MM/YYYY)	

