Expatriate and Inpatriate Claim Form

Important: Please read before you complete this form

1. Please ensure Section 5 is signed and dated.
2. Provide original itemised receipts written in English or with an English translation provided.
3. Itemised receipts must show all services separately.
4. All family members are to be included on the one claim form
5. Please scan and email the claim documentation to Arch Insurance at ahclaims@archinsurance.com.au
6. The issue of this form is not an admission of liability.

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.

Arch Underwriting at Lloyd's (Australia) Pty Ltd

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E: ahclaims@archinsurance.com.au

archinsurance.com.au

Pursuing Better Together®

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

Section 2: Electronic Funds Transfer (EFT) authorisation

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.

Section 3: Declaration for any treatment/expenses incurred in Australia

Are you entitled to claim Medicare benefits:

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.

As an Australian Citizen? Y N

As a result of being granted or applying for permanent residency? Y N

Under a reciprocal health agreement? Y N

Medicare Number Expiry Date

Do you have Private Health Insurance? Y N

Schedule of Claimed Expenses

Date of Expense	Description of Injury/Illness	Name and Relationship	Country	Treatment Received	Service Provided By	Amount Claimed and Currency

Section 4: Emergency Assistance

Has Arch Assist been notified of this claim? Y N

If yes, please provide case number:

Section 5: Privacy Notice, Medical Authority and General Authority

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

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.

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