

# Making a claim with nib Travel Services

## Before you start

In order for us to process your claim quickly it's important that you complete all the relevant sections of this form with as much detail as you can. If you do not have enough room please attach additional information on a separate sheet.

If you are giving authority to another person to act on your behalf in respect to this claim please complete the Nominated Authority box below.

You'll find it easier if you first get all your supporting documents together. You can find a full list of all the documents we will need on page 11. Use these documents to complete all relevant sections of the form.

## What you need to do:

### Step 1 and 2:

These are all about you, your trip and what happened to cause you to need to make a claim.

### Step 3:

This section is divided into specific sections relevant to different claim types. You only need to complete section(s) applicable to your claim.

### Step 4:

Your bank details so we can transfer any cash payments for your claim directly.

### Step 5:

This is the declaration form, you'll need to sign this in order for us to assess your claim.

### Step 6:

The final step is a checklist to help you collate all your supporting documents.

## Where to send the completed form

### Postal Address:

Travel Claims Department  
P.O. Box A975  
Sydney NSW 1235  
Australia

### Email:

travel-claims@nib.com.au

## 1. You & your policy

### Your Policy:

1. Certificate of insurance / Policy number:

Did you contact nib International Assistance?

No > Go to question 2

Yes > Give details below

Please enter your assistance reference number:

### Your Details:

2. Title: First name:

3. Last name:

4. Date of birth: (DD/MM/YYYY)

 /  / 

5. Occupation:

6. Preferred contact number:

7. Email address:

8. Address:


State/region:

Postcode:

9. Preferred method of contact:

Email

Phone

Mail

## Nominated Authority

### I/We authorise:

Name of Nominated Authority:

Address:


Email:

State:

Postcode:

Date of birth: (DD/MM/YYYY)

 /  / 

Preferred contact number:

to act on my/our behalf in respect to this claim and to be provided with information relating to this claim.

## 2. Tell us what happened

Please provide an exact description of the events that caused you to make this claim.

### What happened?

Example: I broke my leg/My bag was stolen/My child became ill.


### How did it happen?

Please give a detailed account of exactly how the incident occurred.


### When?

Date and time you were first aware of the loss, incident or need to change or cancel your trip:

(DD/MM/YYYY)      (HH:MM)      (AM/PM)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------	----------------------

### Where?

Town and Country (eg Paris/France):

Location (eg Hotel Reception):

### Information about your trip

1. When did you first book your trip?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	(DD/MM/YYYY)
----------------------	---	----------------------	---	----------------------	--------------

2. When was the first payment for your trip?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	(DD/MM/YYYY)
----------------------	---	----------------------	---	----------------------	--------------

3. When was the last payment for your trip?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	(DD/MM/YYYY)
----------------------	---	----------------------	---	----------------------	--------------

4. Were you travelling for:

Holiday       Business

5. If you purchased any of your travel arrangements on your credit card please give details:

Credit Card Provider: (eg National Australia Bank):

Card Type:

Visa       Mastercard       Amex       Other

Card Level:

Standard       Gold       Platinum       Other

If other please specify in the box below:

### 3: What are you claiming for?

The next part of this form is divided into specific sections relevant to different claim types. Please complete only the section(s) applicable to your claim. Specific documents will also be required to support your claim, the Checklist on page 11 will help guide you.

#### 3a - Trip Cancellation or Change

**Details of Cancellation or Change**

1. Was the cancellation/change due to illness, injury or death?

Yes → Go to question 2

No → Please advise reason:

2. If cancellation/change was caused by a person please provide the following:

Name of person causing the trip to be cancelled:

Their date of birth:

 /  /  (DD/MM/YYYY)

Relationship to you:

3. Name of all people whose arrangements have been cancelled/affected:


4. Date agent/airline notified:

 /  /  (DD/MM/YYYY)

**If your trip was cancelled:**

5. Please provide the following details for costs claimed:

Date	Description	Supplier	Amount Paid	Refund Received	Amount Claimed
DD/MM/YYYY	Hotel Room	Expedia	\$100	\$25	\$75
Totals:			\$	\$	\$

**Please note:** If cancellation was caused by death, injury or illness you must also complete Step 3i.

**If your trip was changed or postponed:**

6. Total cancellation fee if trip was cancelled outright:

\$  .

7. Additional amount paid:

\$  .

8. Date trip was rebooked:

 /  /  (DD/MM/YYYY)

**If you lost Reward Points**

9. Total amount of points used to purchase air ticket:

10. Did you pay any additional amount towards this air ticket?

Yes                      No

\$  .

11. Total amount of points refunded:

12. Total amount of points lost:

13. Date trip rebooked:

 /  /  (DD/MM/YYYY)

### 3b - Additional or Other Expenses Claim

1. List all items you wish to claim for:

Details of Expense	Date of Expense DD/MM/YYYY	Amount Claimed						Currency
			2	4	5	.	0	
Extra nights accommodation at the Hotel De Paris								Euro

### 3c - Delayed Luggage Claim

1. Your arrival date and time at destination:  
 (DD/MM/YYYY) (HH:MM) (AM/PM)  
 /  /   :

2. Date and time your luggage arrived:  
 (DD/MM/YYYY) (HH:MM) (AM/PM)  
 /  /   :

3. Have you made a claim against your carrier?  
 No ▶ Go to question 4  
 Yes ▶ What compensation did the carrier pay you?  
 Amount:  .    
 Currency:

4. Please provide a list of the essential items purchased:

Name of item purchased	Place of Purchase	Date of Expense DD/MM/YYYY	Original Purchase Price						Currency
					2	8	.	9	
Disposable Razors	Seven Eleven								AUD

### 3d - Lost, Stolen or Damaged Luggage & Personal Effects Claim

Your luggage includes your clothing and other personal belongings designed to be carried about with you or worn. It also includes passports, visas, tickets and other documents.

1. Are you claiming for:

Loss                  Theft                  Damage

2. Date and time Loss/Theft/Damage was discovered:

(DD/MM/YYYY)                  (HH:MM)                  (AM/PM)  
 /  /  :

3. Who was it reported to?

Police                  Airline/Carrier                  Tour Guide  
 Hotel Management                  Other

If other please give details below:

4. Name of police officer or relevant authority:

5. Job title/position:

6. Location:

7. Report number:

8. Date and time reported:

(DD/MM/YYYY)                  (HH:MM)                  (AM/PM)  
 /  /  :

9. If not reported, please explain why this policy requirement was not met:

10. Can this be claimed against your household insurance policy?

No → Go to Question 11

Yes → Give details below

Name of insurer:

Policy number:

Amount paid by insurer:

\$     .

11. If you are claiming for spectacles, dentures, or a hearing aid, are these items claimable against your private health fund?

No → Go to Question 12

Yes → Give details below;

Name of fund:

Member number:

Amount paid by health insurer:

\$     .

**Please note:** that if your luggage is delayed, lost or damaged while in the care of the carrier, they may have a responsibility to compensate you. It is therefore essential that you first claim compensation from the carrier and obtain and provide us with written confirmation of their response to your claim.

12. List all items you wish to claim for: (Refer to step 3e for Replacement of Travel Documents).

Details of Expense	Place of Purchase	Date of Purchase	Purchase Price						Currency	
Cannon X1 Digital Camera	DigiCameras	DD/MM/YYYY		5	4	9	.	9	5	AUD
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			

### 3e - Replacement of Travel Documents

1. List all items you wish to claim for.

Replacement Documents	Date Replaced	Replacement Cost (in Foreign Currency)						Currency	
Passport, visa	DD/MM/YYYY		7	8	5	.	0	0	GBP
						.			
						.			
						.			
						.			

### 3f - Rental Vehicle Insurance Excess Claim

1. Type of vehicle:

Car      Campervan      Minibus      Other

2. Name of vehicle hire company:

3. Name of person driving the vehicle:

4. Their date of birth:

 /  /  (DD/MM/YYYY)

5. Rental vehicle excess:

    .    Currency: 

6. Actual repair costs:

    .    Currency: 

7. Amount you are claiming:

    .    Currency: 

### 3g - Resumption of Trip Claim

1. List of arrangements cancelled in order to return home:

Cancellation fees:	Date of Expenses from:	Date of Expenses to:	Amount:						Currency:	
Hotel Ibis	DD/MM/YYYY	DD/MM/YYYY		1	4	9	.	9	5	EUR
							.			
							.			
							.			
							.			

2. List of arrangements booked to resume your trip:

Additional Expenses:	Date of Expenses from:	Date of Expenses to:	Amount:						Currency:	
Air Asia Economy Class Ticket	DD/MM/YYYY	DD/MM/YYYY	1	2	4	9	.	4	5	AUD
							.			
							.			
							.			
							.			

### 3h - Medical and Dental Expenses Claim

1. Name of Ill/Injured Person:

2. Their date of birth:  
 /  /  (DD/MM/YYYY)

3. Relationship to you (if not you):

4. Nature of illness/injury:

5. Date first occurred:  
 /  /  (DD/MM/YYYY)

6. Name and address of Doctor/Dentist who treated illness/injury abroad:

7. Country where Illness/Injury was treated:

8. Were they admitted to hospital?  
 Yes                  No

9. Date and time admitted:  
 (DD/MM/YYYY)                  (HH:MM)                  (AM/PM)  
 /  /      :    

10. Date and time discharged:  
 (DD/MM/YYYY)                  (HH:MM)                  (AM/PM)  
 /  /      :    

11. Are you claiming for loss of income due to injury?  
 Yes                  No

12. List of medical expenses incurred:

Type of Service:	Date of Expense:	Cost Incurred:							Currency:	Account Paid:
Consultation	DD/MM/YYYY		7	8	5	.	0	0	GBP	<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No
						.				Yes No

### 3i - General Practitioner/Dentist Medical Certificate

**(Part 1) - To be completed by the person whose illness/injury caused the claim**

(or that person’s legal guardian or the Executor of their estate).

**Medical Authority:** I authorise any hospital, physician or other person who has attended me, to give my travel insurance company or its representative, any, or all information, with respect to the condition which has given rise to this claim, including but not limited to, consultation history, prescription records, specialist records and hospital records. I agree that a photocopy of this authorisation will be considered as effective and valid as the original.

Name of person whose illness of injury caused the claim:

Date of Birth:

 /  /  (DD/MM/YYYY)

Name of legal guardian or Executor (if applicable):

Signature:

Name of the General Practitioner:

Contact details of the General Practitioner:

Date of Signature:

 /  /  (DD/MM/YYYY)

**(Part 2) - To be completed by your usual General Practitioner/Dentist**

This Medical Certificate must be completed at the claimant’s expense by the usual doctor (G.P./dentist of the person whose illness/injury/death caused this claim.

1. Name of Patient:

2. Their Date of Birth:

 /  /  (DD/MM/YYYY)

3. Does he/she usually attend your practice?

No → Go to Question 4

Yes → If so, how long?

4. Do you have access to the patient’s medical/clinical records?

Yes          No

5. Please provide a diagnosis and/or symptoms under investigation that has resulted in this claim:

6. Date of onset of symptoms:

 /  /  (DD/MM/YYYY)

7. Date you were first consulted:

 /  /  (DD/MM/YYYY)

8. Date of diagnosis:

 /  /  (DD/MM/YYYY)

9. In the case of pregnancy

Date pregnancy confirmed:

 /  /  (DD/MM/YYYY)

Gestation on this day (weeks):

If applicable, have there been any previous complications in a current or past pregnancy:

10. Did you refer your patient to a specialist?

No → Go to Question 13

Yes → If so, give details:

11. Name of Specialist:

12. Address of Specialist:



13. Date Referred:

/  /  (DD/MM/YYYY)

14. Date First Attended Specialist:

/  /  (DD/MM/YYYY)

15. Are you aware of referrals to any other Practitioners/Surgeon/Specialist?

No → Go to Question 16

Yes → If so, please provide details:

16. Is the symptom/diagnosis related to any recurring medical condition?

No → Go to Question 17

Yes → If so, please provide details:

17. Please provide details of all medication that your patient was taking over the past 12 months, not including the medical condition that has resulted in this claim.

Condition:	<input type="text"/>
Medication:	<input type="text"/>
Condition:	<input type="text"/>
Medication:	<input type="text"/>
Condition:	<input type="text"/>
Medication:	<input type="text"/>
Condition:	<input type="text"/>
Medication:	<input type="text"/>
Condition:	<input type="text"/>
Medication:	<input type="text"/>

18. Please give details of any chronic disease or illness or any physical defect or infirmity from which he/she suffers:

19. If relevant, did the patient consult you or another medical practitioner prior to commencing their trip? If yes, were they advised not to travel?

No → Go to Question 20


Yes → On what date?

/  /  (DD/MM/YYYY)

20. Did your patient travel overseas for the purpose of obtaining medical treatment or advice for medical treatment?

No → Go to Question 21

Yes → If so, please provide details:

21. Please also include a copy of the GP Health Care Summary/dental history. 

**Doctor's Declaration**

I declare that I have examined the patient named above and/or have referred to their medical records and confirm that the information given is a true and correct statement.

Name of Doctor/Dentist:

Signature:

Email:

Phone:

Fax:

Doctor's Stamp:

## 4: Payment Details

If your claim is approved, we will deposit your refund in Australian Dollars directly into your nominated account, or send you a cheque.

The account nominated must be either a cheque or statement account. Unfortunately, we are unable to deposit into a credit card account.

Please select your preference below

Bank account deposit

Cheque

## Bank Details

(if Bank account deposit is selected)

Name of bank:

Branch:

Account holders name:

BSB number

 -  - 

Account number

 - 

## 5: Declaration

Claims are handled by the dedicated claims team at nib Travel Services. nib Travel Services takes your privacy seriously. We use the information you provide to us to assess your claim and pursue any recovery. We may need to provide that information to other people, for example your insurers and any assessors, health professionals or others that we need to assist us in doing this. If you don't provide us with complete information, we will not be able to properly assess your claim. You can check the information we hold about you at any time.

For more information about how we use your personal information, please refer to the Privacy Notice in the Product Disclosure Statement.

I/We declare that all information provided is true and correct.

I/We authorise any person or organisation to provide nib Travel Services or its representative with any information that they may request in relation to this claim.

I/We agree that a photocopy of this authorisation is as effective and valid as the original.

Signature of claimant:

Name of claimant:

Date:

 /  /  (DD/MM/YYYY)

## Documentation Checklist

The following checklist provides you with the documents we require.

### For All Claims We Need Your

- Proof of your travel dates (e.g. eTickets)
- Relevant Credit Card Statements where used to purchase travel arrangements

### 3a - Trip Cancellation

- Booking conditions showing breakdown of all trip costs
- Documents confirming refunds provided by travel agency, tour company, airline, etc.
- Proof of payment for trip (ie. receipts, credit card/bank statements showing payments made)
- Completed Medical or Death Certificate (where cancellation due to medical reasons)
- Letter from Transport Provider explaining the circumstances of the cancellation/refund/compensation
- Airline tickets if not refundable

### 3a - Loss of Reward Points

- Airline ticket (including cost and points)
- Reward statement showing total points used, any points charged as cancellation & any refund of points

### 3b - Additional Expenses

- Receipts or other evidence of expenses paid by you
- Evidence from the provider (Airline, Hotel, Bus company) explaining the circumstances of the expenses
- Booking invoice with pre-paid arrangements

### 3c - Delayed Luggage

- Property Irregularity Report (PIR)
- Written confirmation from the carrier of when your luggage was returned to you and compensation paid
- Original receipts for essential items purchased
- Boarding pass & baggage tags from the carrier who caused your luggage to be delayed

### 3d - Lost, Stolen or Damaged Luggage & Personal Effects

- Proof of ownership of all items
- Repair quotes for damaged items
- Loss report from police or relevant authority made as soon as possible after the loss
- Original receipts for replacement items
- Property Irregularity Report (PIR)
- Boarding pass & baggage tags from the carrier
- ATM, bank, credit card statement or currency conversion slips showing withdrawal of funds
- Proof that IMEI number locked for mobile phones

### 3e - Replacement of Travel Documents

- Receipts or invoice of original travel documents
- Receipts relating to the replacement of travel documents

### 3f - Rental Vehicle Insurance Excess

- Rental vehicle agreement showing the excess you are liable for
- Receipts for excess payment
- Credit card statement showing payment of the excess
- Copy of repair quote/account
- Copy of rental vehicle accident/incident report

### 3g - Resumption of Trip

- Original trip booking invoice itemising breakdown of costs for both original and new booking
- Original and new itinerary
- Copy of return ticket used and unused
- Booking conditions that applied to original trip
- Cancellation fees that would have applied had the original trip been cancelled in full
- Invoice and receipt for new ticket purchase to resume journey
- Medical or death certificate of relative who caused return to Australia

### 3h - Medical and Dental Expenses

- General Practitioner/Dentist Medical Certificate (p8)
- Original medical/dental receipts
- Treating doctors report
- Hospital admission & discharge reports where relevant
- Letter from dentist with details of emergency treatment provided

### Loss of Income (Due to Injury Overseas)

- Doctors report detailing period unfit to work
- Centrelink advice of payment if you have an entitlement
- Written confirmation from your employer of the date you were scheduled to return to work
- Pay slips for the 6 months prior to the departure of your trip (to allow us to confirm your average pay)