ace insurance

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Citibank Travel Insurance Claim Form

IMPORTANT INFORMATION

Prior to submitting your claim please complete the relevant sections of this Claim Form.

This first page must be completed for all claims.

The ACE Insurance Ltd Claim Privacy Consent, Medical Authority and Declaration (see last page) must be completed for all claims.

The supporting documentation required for your claims is detailed below each section.

If your claim is for:

- Overseas Medical and Dental Expenses also complete SECTION 1
- Additional Expenses also complete SECTION 2/3
- Loss of Deposits/Cancellation Charges also complete SECTION 2/3
- Luggage and Travel Documents also complete SECTION 4/5
- Replacement of Money also complete SECTION 4/5
- Rental Vehicle Excess also complete SECTION 6
- Travel Delay (Accommodation/Flight) also complete SECTION 7
- Cash in Hospital also complete SECTION 8
- Personal Liability also complete SECTION 9
- Accidental Loss of Life or Permanent Loss also complete SECTION 10
- Credit Card Balance also complete SECTION 11
- Legal Expenses also complete SECTION 12

The issue and acceptance of this form does not constitute an admission of liability by the ACE Insurance Ltd or a waiver of its rights. Please note that your Policy may not provide cover under all sections of this Claim Form. Please consider the benefits, terms, conditions and exclusions of your Policy prior to completing this Claim Form.

Policy and Claimant Details

Name of Insured	Policy Number
Name of Claimant	
Claimant's Date of Birth	dd / mm / yyyy
Address	Unit/House number/Street
	Suburb State Postcode
Telephone	Home ( ) Business ( ) Mobile
Email Address	
Travel Agent	Date of Booking Travel Arrangements dd / mm / yyyy
Date of Departure	dd / mm / yyyy Date of Return dd / mm / yyyy

Payment Details

Please provide details for payment of your claim in the event that it is deemed covered by ACE:

a) For Cheque Payment: Payee Name (will appear exactly on the cheque)

b) For Electronic Funds Transfer:

Account Name | Name of Financial Institution

BSB/Branch Code Number | Account Number

GST Information (For Australian Claims Only)

(a) Are you registered for GST Purposes? Yes ☐ No ☐

(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? Yes ☐ No ☐

(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 1: OVERSEAS MEDICAL AND DENTAL EXPENSES

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR US TO PROCESS YOUR CLAIM:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that shows proof of illness, e.g., a doctor's certificate or statement
3. Any document that shows proof of cost, e.g., a doctor's invoice or receipt

***Failure to provide these documents may result in processing delays.**

Type of accidental injury or sickness or disease	Date of accident or commencement of sickness
	dd / mm / yyyy

If injury - please give full details of accident

Date of first medical consultation	Name of doctor or hospital
dd / mm / yyyy	

List details of any other treatment by doctors or hospitals

Dates in hospital	Date admitted dd / mm / yyyy	Time admitted
	Date discharged dd / mm / yyyy	Time discharged

List the overseas countries and the currencies where you incurred the medical costs			
	Country	Currency	Total Amount $
	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, please provide details, dates and names of treating doctors

Name, address and contact details of usual doctor
Doctor
Address
Phone Number ( )

How long has the doctor been known to the patient?

Itemise the expenses incurred overseas

Name and address of medical provider	Nature of injury/sickness and treatment	Currency	Amount

Are these expenses recoverable from any other source? Yes ☐ No ☐

If YES, please provide details and the amount

Section 2/3: ADDITIONAL EXPENSES, LOSS OF DEPOSITS AND CANCELLATION CHARGES

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR US TO PROCESS YOUR CLAIM:

1. Any document that satisfies us that travel has been booked, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that supports the unforeseen circumstances that led to the cancellation, e.g., a medical certificate if on medical grounds
3. Any document that adequately supports the amount claimed

***Failure to provide these documents may result in processing delays.**

What was the reason you could not commence or complete your proposed journey?

Was the cancellation as a result of injury/sickness to yourself? 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

What was the nature of complaint preventing travel?

Date of first medical treatment dd / mm / yyyy Has the injured/sick person had a similar condition in the past? Yes ☐ No ☐

If YES, name and address of patient's normal doctor?

Date of cancellation of travel bookings / /

Amount of deposit paid and date paid $ Date dd / mm / yyyy

Balance of full fare and date paid $ Date dd / mm / yyyy

Value of forfeited portion of journey (if applicable) $

Have you attempted to obtain a refund? Yes ☐ No ☐

If YES -

Name of organisation (e.g. airline, travel agents, etc)

Contact phone number

Email address

Refund received on cancellation $

Full amount being claimed $

Were any alternative arrangements offered? Yes ☐ No ☐

If YES, please provide details

Did you accept any of these alternative travel arrangements? Yes ☐ No ☐

If YES, what additional fares did you incur as a result of these arrangements?

Section 4/5: LUGGAGE, TRAVEL DOCUMENTS AND REPLACEMENT OF MONEY

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR US TO PROCESS YOUR CLAIM:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that demonstrates proof of ownership
3. Any document that adequately supports the amount claimed, e.g., replacement invoices or repair quotes
4. Police report in the event of theft

***Failure to provide these documents may result in processing delays.**

Please provide details of how losses, damages or thefts occurred:

Date of loss/damage/theft	dd / mm / yyyy	Time
Date of loss/damage/theft	dd / mm / yyyy	Time
Date of loss/damage/theft	dd / mm / yyyy	Time

Loss/damage/theft reported to - (police, transport provider or other authority)

Were the articles lost/damaged by a carrier? (e.g. airline) Yes ☐ No ☐

If YES, name of carrier

Have you lodged a claim or complaint to any carrier/airline or other authority or against any individual responsible for the loss or damage to your property? If yes, give name and reference number

Name	Reference Number

If no, you should proceed to claim with your airline/carrier before submitting your claim to ACE

If the items were lost, what action was taken to recover them?

Are any of the items covered by other insurance? Yes ☐ No ☐

If YES - which company Policy Number

Were all the missing articles owned by you? Yes ☐ No ☐

If not, please provide details

Description of damaged/lost/stolen items	Name and address from whom goods were purchased	Date of purchase (dd/mm/yyyy)	Original purchase price	Depreciation deduction	Amount received from other source	Amount claimed

Section 6: RENTAL VEHICLE EXCESS

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR US TO PROCESS YOUR CLAIM:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that demonstrates that the car was hired, e.g., vehicle rental agreement
3. Any document that shows proof of cost, e.g., quote or invoice for repairs

***Failure to provide these documents may result in processing delays.**

Date of collision or theft	dd / mm / yyyy
Amount of excess	$

Please provide a full description of the circumstances of the incident giving rise to this claim

Section 7: TRAVEL DELAY (ACCOMMODATION/FLIGHT DELAY)

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR US TO PROCESS YOUR CLAIM:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Notification from the airline or transport carrier confirming the reason for the delay
3. Proof of additional expenses, e.g., receipt/invoice

***Failure to provide these documents may result in processing delays.**

Scheduled flight or other transport no.	Departure airport or station
Scheduled departure time	Actual departure time
Alternative onward flight or other transport no.	Date and departure time dd / mm / yyyy

Date(s) expenses incurred	dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy

List the country and the currency of the country in which you incurred the costs	Country: Currency:

List specifically the additional ACCOMMODATION expenses:

Details	Country Incurred	Currency	Amount	Date Incurred
				dd / mm / yyyy
				dd / mm / yyyy
				dd / mm / yyyy
				dd / mm / yyyy

List specifically any other expenses (e.g. restaurant meals, refreshments):

Details	Country Incurred	Currency	Amount	Date Incurred
				dd / mm / yyyy
				dd / mm / yyyy
				dd / mm / yyyy
				dd / mm / yyyy

Section 8: CASH IN HOSPITAL

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR US TO PROCESS YOUR CLAIM:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that shows proof of illness or sickness, e.g., a doctor's certificate or statement
3. Any document that shows proof of confinement to hospital

***Failure to provide these documents may result in processing delays.**

Type of injury or sickness	Date of accident or commencement of sickness
	dd / mm / yyyy

If injury - please give full details of accident

Name of hospital

Dates in hospital		
	Date admitted dd / mm / yyyy	Time admitted
	Date discharged dd / mm / yyyy	Time discharged

In what country and currency did you incur medical cost?

Country	Currency	Total Amount $

Section 9: PERSONAL LIABILITY

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR US TO PROCESS YOUR CLAIM:

1. Letters or Demands of a claim made against you

***Failure to provide these documents may result in processing delays.**

Is the claim for bodily injury or death? Yes ☐ No ☐

If YES, Name of injured or deceased party	
Address of injured or deceased party	
Details of injury or death	

If NO, List of damaged property	
Name and address of person claiming against you	

Is the injury or damage related to a travelling companion? Yes ☐ No ☐

If YES, please provide details

Have you in any way admitted liability? Yes ☐ No ☐

If YES, please provide details

Do you consider yourself at fault? Yes ☐ No ☐

Why or why not?

Section 10: ACCIDENTAL LOSS OF LIFE AND PERMANENT LOSS

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR US TO PROCESS YOUR CLAIM:

1. Original death certificate (which will be returned to you) in the event of loss of life
2. Original birth certificate (which will be returned to you) in the event of loss of life
3. Copy of Coroner's depositions and findings (if applicable) in the event of loss of life
4. Doctor's statement in the event of a permanent loss of limb(s) or sight
5. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass

***Failure to provide these documents may result in processing delays.**

What was the cause of accidental injury or death?

When did the accidental injury occur?

Date dd / mm / yyyy | Time

In the event of accidental loss of life, was a coronial inquest held or is one to be held? Yes ☐ No ☐

If YES, please give details

Name and address of attending doctor

How long had the doctor been known to the injured or deceased?

Section 11: CREDIT CARD BALANCE

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR US TO PROCESS YOUR CLAIM:

1. Original death certificate (which will be returned to you) in the event of loss of life
2. Original birth certificate (which will be returned to you) in the event of loss of life
3. Copy of Coroner's depositions and findings (if applicable) in the event of loss of life
4. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
5. Credit card statement showing the outstanding balance of any relevant charge or credit card at the time of the accidental injury resulting in death

***Failure to provide these documents may result in processing delays.**

Outstanding balance at the time of accidental injury giving rise to the accidental loss of life? $

Section 12: LEGAL EXPENSES

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR US TO PROCESS YOUR CLAIM:

1. Original death certificate (which will be returned to you) in the event of loss of life
2. Original birth certificate (which will be returned to you) in the event of loss of life
3. Copy of Coroner's depositions and findings (if applicable) in the event of loss of life
4. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
5. Evidence that you are a beneficiary of the estate
6. Any report relating to the accident prepared by the police or other authority

***Failure to provide these documents may result in processing delays.**

If it is your intention to claim under this section of the policy, who do you think is responsible for the accidental loss of life or accidental injury?

Why do you think that party is responsible?

Have you engaged legal counsel? Yes ☐ No ☐

If YES, who have you engaged?

Ace Insurance Limited Claim Privacy Consent, Medical Authority and Declaration

Claim Privacy Consent

ACE Insurance Limited (ACE) collects, uses and retains your personal information only in accordance with Australia's National Privacy Principles. A copy of our Privacy Policy is available on our website at www.aceinsurance.com.au or by contacting our customer relations team on 1800 236 023.

Your personal information will be used by ACE, or any third party that ACE provides the information to, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

Your personal information may include:

(a) any information provided in relation to your claim;

(b) any information that is health information or sensitive information, including, without limitation, your medical history, any treatment received by you and any medication taken or prescribed for you (at any time) or your Health Insurance claims history, including Medicare;

(c) any other personal information that you may provide to ACE or its third party contractors;

(d) any information relating to any insurance policy on your life, including terms and conditions and claims history;

(e) details of your employment including position, period of employment, remuneration, hours worked and duties performed (at any time); and

(f) any other information relating to your income, assets, liabilities and solvency; and

(g) any information from third persons who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefit.

To process your claim ACE may need to collect your personal information from third parties such as your insurance broker, claims reference services, government organisations (for example, social security agencies or taxation offices), your doctor or other health service provider, any forensic accountant retained by ACE, your employers (past and present), your accountant and any businesses which provide information about the commercial activities of persons or, if you are, or have been, bankrupt the trustee of your estate (the 'Parties').

ACE may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other companies within the ACE Group, other insurers, our reinsurers, and government agencies including the police (where we are compelled to by law). These third parties may be located outside Australia. ACE may also disclose your personal information to witnesses in respect to your claim.

If you do not consent to the terms of this Privacy Consent and Medical Authority or revoke your consent, ACE may not be able to process or assess your claim.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our customer relations team on 1800 236 023 or email CustomerService.AUNZ@acegroup.com.

Medical Authority and Declaration

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

I agree to ACE using and disclosing my personal information pursuant to ACE's Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to ACE's privacy officer.

I authorise any person or entity, including but not limited to the Parties referred to above, to provide to ACE such personal information (including health information) as ACE in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and co-operation to ACE in the assessment of my claim. I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim. I understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

I appoint ACE to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Signature of Claimant

Date

dd / mm / yyyy

Name of Claimant

Signature of Witness

Date

dd / mm / yyyy

Name of Witness