



TRAVEL CLAIM FORM

CLIENT NO. _____

CLAIM NO. _____

ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF THE COMPANY'S LIABILITY

IMPORTANT

PLEASE READ BEFORE COMPLETING THIS FORM

MANY OF THE FRAUDULENT CLAIMS WE RECEIVE ARE MADE AS TRAVEL CLAIMS. THIS USUALLY HAS THE RESULT OF INCREASING PREMIUMS AND RAISING EXCESSES. RATHER THAN PENALIZING YOU – OUR HONEST AND LOYAL CLIENTS WHOSE SUPPORT WE VALUE – WE'D PREFER TO ASK YOUR HELP IN FILLING OUT THIS FORM.

PARTICULARLY WE WOULD POINT OUT THAT WHERE ITEMS WITHIN A CLAIM ARE PROVEN TO BE INFLATED THE TOTAL CLAIM WILL BE DECLINED.

WE WILL BE CAREFULLY MONITORING ALL CLAIM INFORMATION WITH THE AIM OF PAYING GENUINE CLAIMS QUICKLY, STOPPING EXPENSIVE FRAUDULENT CLAIMS AND KEEPING YOUR PREMIUMS DOWN.

THANK YOU FOR YOUR CO-OPERATION

| | | | |
|------------------------|------------|--------------|------------------|
| INSURED'S FULL NAME(S) | _____ | | |
| | _____ | | |
| DATES OF BIRTH | _____ | _____ | |
| POSTAL ADDRESS | _____ | | |
| TELEPHONE | DAY: _____ | NIGHT: _____ | FACSIMILE: _____ |

| | |
|---|-------------|
| DATE OF LOSS, DAMAGE OR OCCURRENCE: _____ | TIME: _____ |
|---|-------------|

WHERE DID THE ACCIDENT/LOSS/ILLNESS HAPPEN? _____

COUNTRY _____ WAS ANOTHER PARTY RESPONSIBLE? _____ IF YES WHO? NAME _____

ADDRESS _____ CONTACT DETAILS (PHONE ETC.) _____

WHAT HAPPENED? (GIVE FULL AND PRECISE DETAILS)

BAGGAGE CLAIM

ARE YOU THE SLOE OWNER OF THE PROPERTY? _____

IF THE LOSS WAS THEFT OR BURGLARY WERE THE POLICE ADVISED? _____ IF YES WHERE AND WHEN (PLEASE ATTACH REPORT, ACKNOWLEDGEMENT FORM ETC.)

HAVE YOU MADE A CLAIM AGAINST ANY AIRLINE OR CARRIER RESPONSIBLE FOR YOUR LOSS? _____ IF YES WHO? _____

MEDICAL EXPENSES

PLEASE LIST ALL EXPENSES CLAIMED FOR BELOW AND ATTACH ORIGINAL ACCOUNTS AND/OR RECEIPTS

WAS THIS A PRE-EXISTING CONDITION (I.E. AN ILLNESS YOU HAVE HAD BEFORE?) OF FOR WHICH YOU ARE TAKING MEDICATION?

IF **YES**, WHERE AND WERE YOU LAST TREATED BY A DOCTOR FOR THIS?

IF THIS INSURANCE WAS ACCEPTED WITH PRE-EXISTING CONDITIONS PLEASE STATE THE AUTHORITY NO. HERE PLEASE _____

PLEASE ADVISE THE NAME AND ADDRESS OF YOUR USUAL DOCTOR _____

AUSTRALIAN MEDICARE

IF YOUR ACCIDENT/ILLNESS HAPPENED IN AUSTRALIA, DID YOU REGISTER FOR MEDICARE? _____

TO BE SIGNED FOR ALL MEDICAL EXPENSES CLAIMS

THE COMPANY AT ITS DISCRETION, MAY OBTAIN A MEDICAL CERTIFICATE FROM A DULY QUALIFIED MEDICAL PRACTITIONER IN ORDER TO SUBSTANTIATE ANY CLAIM MADE AND BY SIGNING THIS FORM, I HEREBY AUTHORIZE THE COMPANY TO OBTAIN SUCH REPORT AT THE COMPANY'S EXPENSE.

DATE: ____/____/____

SIGNATURE _____

MEDICAL AND OTHER EXPENSES CLAIMED

| ACCOUNT RECEIVED FROM | DATE ACCOUNT INCURRED | AMOUNT & CURRENCY | AMOUNT IN FJD\$ | PAID YES/NO | FOR OFFICE USE ONLY |
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LIST BAGGAGE PROPERTY CLAIMED

| FULL DESCRIPTION OF PROPERTY LOST, DAMAGED, OR DESTROYED (INCLUDING SERIAL NO. AND/OR IDENTIFYING MARKS) | HOW OLD WAS THE ITEM | FROM WHOM PURCHASED OR ACQUIRED (NAME & ADDRESS) | PRESENT PURCHASE PRICE | REPAIR COST | DEPRECIATION | AMOUNT CLAIMED | FOR OFFICE USE ONLY |
|--|----------------------|--|------------------------|-------------|--------------|----------------|---------------------|
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DECLARATION

PLEASE READ THIS CAREFULLY BEFORE SIGNING.

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:

- All the statements in this claim form and any additional schedules are correct. Yes No
- The property and/or expenses claimed are correctly described in this form and were incurred, lost, stolen or damaged under the circumstances described overleaf. Yes No
- I/We have told TOWER Insurance everything relevant to this claim. Yes No

I/We understand that:

- Willful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.
- The personal information provided in this claim form is being collected by TOWER Insurance to enable it to evaluate my/our claim.
- I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, TOWER Insurance may be entitled to decline the claim whether or not it is later corrected.
- If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify TOWER Insurance immediately and return the property to TOWER Insurance or will refund to TOWER Insurance the value of the recovered items.

I/we authorize TOWER Insurance to obtain if required a copy of the Police report from the Fiji Police relating to this claim.

Exceptions to this declaration:

Insured's Signature _____ Witness Signature _____ Date _____