

# Ticket insurance claim form

## How do I make a claim?

You can make your claim in 3 simple steps

### 1 Fill out this claim form

Please complete Parts 1 and 2a-d of this claim form.

### 2 Provide all relevant documentation

#### THE FOLLOWING DOCUMENTS NEED TO BE SENT TO US WITH YOUR CLAIM

1. A copy of your Certificate of Insurance
2. Your original unused ticket (or barcode if it is an electronic ticket)
3. Supporting documentation. See part 2d for help.

**Failure to provide all necessary evidence and details may result in delays processing your claim.**

### 3 Send us your claim



[claims\\_processing@covermore.com](mailto:claims_processing@covermore.com) (you can send up to 10 MB of attachments)



Cover-More Claims Department, Private Bag 913 North Sydney NSW 2059  
(registered or express post recommended)

#### What happens next?

- If you email your claim, you will receive a receipt confirmation by email with your claim number. Our response to your claim will follow within 10 working days.
- If you post your claim, we will contact you with our response to your claim within 10 working days of us receiving your documents.

# Claim form

**Part 1: General information - All questions in this section must be answered**

Your policy number  [Unsure? Contact your policy provider to obtain a copy of the Certificate of Insurance.](#)

**a. Your information**

Title  Given name(s)  Surname  Date of birth  /  /

Occupation  Mobile phone (or best other contact)  Email address

Postal address  Suburb  State  Postcode

**b. Payment**

If your claim is approved we will deposit your settlement into your nominated bank account below (we cannot make payments to a credit card). We prefer to pay successful claims directly into your bank account as it is faster and safer.

Name of bank  Branch

Account holder name  BSB number  -  Account number

(If you do not complete above payment details, we will post you a cheque which may take up to 5 additional days.)

If you are a non-Australian resident, please note that in order to provide payment via bank transfer we will require the name of your bank, the account name, the International Bank Account Number (IBAN) and the Bank Identification Code (BIC) or SWIFT code.

**c. ABN holders**

Are you registered for GST purposes?

- Yes - Fill out your ABN and answer all questions under c. ABN Holders
- No - Proceed to d. Your declaration

ABN

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

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%)

**d. Your declaration**

I/we declare that:

- all statements and particulars stated on this form and all documents submitted are true and correct.
- I/we will cooperate fully with the insurers in the assessment of my claim.
- I/we have not withheld any material information connected with this claim that will inhibit the insurer's ability to make a fair and reasonable assessment of my claim.
- I/we acknowledge that my personal information may be disclosed to, and obtained from, certain other parties including the Insurance Reference Services database, other insurers and government agencies.
- I/we assign to the insurer all rights of recovery/salvage against any person or organisation and will cooperate to secure such rights.
- I/we have read and understood the Privacy notice on page 7.
- you may send the personal information included on this form and related documents overseas to assess investigate and pay my claim. I understand that this information may not be subject to the same level of privacy as is offered by the Australian Privacy Regime and that I will not be able to seek redress under the Privacy Act 1988 in the overseas jurisdiction.
- where I/we provide information, including sensitive information, about other individuals, that I/we have informed them (or their parent, guardian, executor or Power of Attorney) of the personal information being provided and the contents of the Privacy Notice and have obtained their consent to providing the information.

Signature of claimant(s)

Date  /  /

**WARNING: We are committed to investigating claims to avoid passing the costs of dishonest and fraudulent claims on to you. We try to conduct investigations quickly and with minimal disruption. Fraud will be reported to the police.**

**Part 2a: Claim Information**

Date of event

 /  / 

Time of event

 AM/PM

Name of event

Place of event

Date on which you were aware that you/your companion would not be able to attend the event

Please provide an explanation of your claim and why you and/or your companion were unable to attend the event (Please include a letter if more space is required).

  
  
  


If the claim was caused by a health condition/dental problem/death please answer the following questions:

Person whose state of health/death caused the claim

Given name(s)

Surname

Relationship of that person to you

Has the illness/injury occurred before?  Yes  No If Yes, advise the condition.

Were you/was the person treated as a hospital inpatient?

Yes  No

Date admitted

 /  / 

Time admitted

 AM/PM

Date discharged

 /  / 

Time discharged

 AM/PM

**2b: Ticket and payment details**

Number of tickets

Total amount claimed\*

Ticket cost per ticket\*

Amount of refund received

\*Ticket cost excluding any transaction fee

**Please answer all questions relating to what is being claimed, otherwise we will be unable to process your claim.**

**2c: Details of companion(s)**

Insert details of companion(s)/intended recipients of ticket(s) if any claim is made for unused ticket(s) you purchased for someone else. If there is not enough room in the space provided, please continue details of companions on a separate piece of paper.

Name of companion

Address

Name of companion

Address

**2d: Reason for claim for payment of ticket cost (PLEASE TICK APPROPRIATE BOX)**

		<b>supporting documents required</b>
<input type="checkbox"/>	Injury or sickness of you or your companion	The Medical Certificate (pages 5 - 6) completed by your usual medical practitioner
<input type="checkbox"/>	Injury or sickness of a relative	The Medical Certificate (pages 5 - 6) completed by your usual medical practitioner
<input type="checkbox"/>	Death of you or your companion	The Death Certificate and the Medical Certificate (pages 5 - 6) completed by your usual medical practitioner
<input type="checkbox"/>	Death of a relative	The Medical Certificate (pages 5 - 6) completed by your usual medical practitioner and the Death Certificate
<input type="checkbox"/>	Transport accident causing bodily injury	A report from the police/official body and the completed medical certificate from the doctor or dentist
<input type="checkbox"/>	Vehicle breakdown within 48 hours prior to the event	A letter or report from the repair service or public transport provider
<input type="checkbox"/>	Transport cancellation/delay/shortening/diversion because of strike, riot, hijack, civil protest, weather or natural disaster	A letter or report from the transport provider
<input type="checkbox"/>	Home/place of business rendered uninhabitable by fire, explosion, weather, natural disaster, burglary or vandalism	A letter or report from the police, fire brigade or household/business insurer
<input type="checkbox"/>	Assault causing bodily injury	A police report and the Medical Certificate (pages 5 - 6) completed by your usual medical practitioner
<input type="checkbox"/>	Jury duty	A letter from the Court
<input type="checkbox"/>	Military orders	A letter from your Commanding Officer
<input type="checkbox"/>	Redundancy from full-time employment	A letter from your employer
<input type="checkbox"/>	Work relocation more than 100 km from usual place of work	A letter from your employer

**We reserve the right to request other documentation be submitted in order to substantiate your claim.**

Please note that in addition to the above documents, we will require your original unused ticket (or barcode if it is an electronic ticket), regardless of the reason for the claim.

# Medical form (Page 1 of 2)

**Submit your claim to Cover-More by:** **Post** Cover-More Claims Department, Private Bag 913, North Sydney NSW 2059  
**Fax** (02) 9202 8098 **Email** claims\_processing@covermore.com

## Medical Authority (To be completed by the person who was ill/injured)

To be completed by the person whose state of health caused the claim (or their Parent/Guardian, Executor of the Estate or Power of Attorney if applicable). Details of the patient's usual doctor (of at least 12 months prior to the policy issue date).

I authorise the insurer or its representatives to obtain from any person or organisation any information in respect of treatment for the medical/dental condition(s)/injury(ies) or death which resulted in this claim. I acknowledge that a photocopy/scanned copy of this authorisation shall be considered as valid as the original.

Signature of patient/Executor/Power of Attorney  Patient's name  Date of birth  /  /

Signed date  /  /  Name of usual doctor or dentist in Australia

Relationship to patient (if applicable)  Doctor's or dentist's phone number  Doctor's or dentist's fax number

Doctor's or dentist's email or postal address (include postcode)

## Medical Certificate (To be completed by the patient's usual doctor)

To be obtained at the claimant's own expense from the patient's usual medical practitioner (whom they have been attending for at least 12 months prior to the issue date of the policy). Required for all claims arising from a person's health/medical condition, death or dental condition. If you do not have a usual medical practitioner, please contact us.

**IMPORTANT: The medical practitioner is respectfully requested to give as much detail as possible when answering these questions in order to assist our client with their claim and avoid the necessity of additional questions. PLEASE USE BLOCK LETTERS. You may reply in letter format however answers to each of the questions below that are relevant to your patient or the claim being made by the claimant will need to be included.**

**PLEASE INCLUDE ALL PATIENT DISCHARGE SUMMARIES**

1. Name of patient  2. Date of birth  /  /

3. Are you the patient's usual G.P.?  Yes  No  
 a. If Yes, for how long?  b. If No, do you have access to their medical records?  Yes  No  
 From what date?  /  /

4. Please give a precise diagnosis of the illness or injury or cause of death that has given rise to the claim. If an injury, how was it sustained?

5. On what date did the patient first consult You in relation to this condition or symptoms of this condition?  /  /

6. Have you or anyone else known to you previously treated or advised this patient in respect of the same/similar/related illness or injury as described in the answer to question 4?  Yes  No

7. Prior to the policy issue date, was the patient receiving any regular advice, treatment or medication or being investigated for this condition or any similar/related condition?  Yes  No If Yes, please give details and please provide details and include copies of all letters from referred specialists, the patient's full medical history, current medications and all hospital visits for the past 2 years.

The claimant must indicate (by ticking the relevant box) which is applicable, question 8 or 9.

8. Inability to attend event because of injury of sickness of policy holder or companion  
 (a) Did you recommend that the patient not attend the Event due to the patient's state of health?  Yes  No  
 (b) On what date did you make this recommendation?  /  /

9. Inability to attend event because of injury, sickness or death of a relative  
 (a) Did you recommend that the patient not attend the event due to the patient's state of health?  Yes  No  
 (b) On what date did you make this recommendation?  /  /

10. Please provide the following dates, where applicable.

a. Date of onset of illness/injury/death and/or date of deterioration/exacerbation

□□ / □□ / □□

b. Date tests prescribed

□□ / □□ / □□

c. Date tests carried out

□□ / □□ / □□

d. Date results advised to the patient

□□ / □□ / □□

e. Date referred to specialist/surgeon

□□ / □□ / □□

f. Date of death

□□ / □□ / □□

g. Name and address of specialist/surgeon

\_\_\_\_\_  
 \_\_\_\_\_

11. Date the patient was advised that they would not be able to attend the event.

□□ / □□ / □□

12. If due to pregnancy:

a. On what date was the pregnancy confirmed?

□□ / □□ / □□

b. How many weeks pregnant was the person on this date?

\_\_\_\_\_

c. Was the conception medically assisted?  Yes  No

d. Have there been previous complications with this or any other pregnancy?  Yes  No

13. Was the patient on a waiting list for hospital?  Yes  No If Yes, please give details.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Was the patient hospitalised?

Yes  No

If Yes, please provide admission date □□ / □□ / □□

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

Doctor's signature

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name

\_\_\_\_\_

Date

□□ / □□ / □□

Qualification

\_\_\_\_\_

Telephone

\_\_\_\_\_

Email address, fax number or postal address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Privacy notice

## Cover-More and your personal information

### Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks
- determine what services or products we can provide to you or others
- issue, manage and administer services and products provided to you or others including claims investigation, handling and payment
- improve our services and products e.g training and development of our representatives, product and service research, data analysis and business strategy development
- make special offers of other services and products that might be of interest to you.

### What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

### How we collect your personal information

Through websites from data you, or your travel consultant, input directly or through cookies and other web analytic tools, via email, by telephone or in writing.

We collect personal information directly from you unless:

- you have consented to collection from someone else
- it is unreasonable or impracticable for us to do so or
- the law permits us to.

We may also collect additional personal information from other third parties who help us provide you with our services and products or help us administer the products.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

### Who we disclose your personal information to

We share your personal information with third parties for the purposes noted above.

The third parties include:

- insurers
- medical providers, travel providers and your travel consultant
- our lawyers and other professional advisers
- our related companies and other representatives or contractors who we have hired to provide services or to monitor the services provided by us or our agents, our products or operations
- other parties we may be able to claim or recover against or other parties where permitted or required by law.

Additional third parties are detailed in our Privacy Policy available on our website [www.covermore.com.au](http://www.covermore.com.au).

We may also need to disclose information to recipients located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website [www.covermore.com.au](http://www.covermore.com.au). In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act in Australia. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us, to the extent permitted by law, and may not be able to seek redress overseas.

By proceeding with your application, you and any other traveller included on the policy consent to this use and these disclosures unless you tell us otherwise, by contacting us.

### More information, access, correction or complaint

For more information about how we collect, use or disclose personal information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy. It is available on our website [www.covermore.com.au](http://www.covermore.com.au) or by contacting us.

### Your choices

If you wish to withdraw your consent including for things such as receiving information on products and offers by us or persons we have an association with, or your travel consultant receiving information about your policy and coverage, please contact us.

### Contact us

Privacy Officer

Cover-More Insurance Services Pty Ltd, ABN 95 003 114 145

Private Bag 913, North Sydney, NSW 2059

email [privacy.officer@covermore.com](mailto:privacy.officer@covermore.com)