



Accident & Health

Student Travel Insurance Claim Form - Independent Schools of Victoria

NOTIFICATION OF A CLAIM OR CIRCUMSTANCE THAT MAY GIVE RISE TO A CLAIM

YOUR INFORMATION

BHSI Policy Number: 47-ZAH-4205-01

Name of School: _____

Name of Traveller: _____

Student Employee Group

Your title: Dr. Mr. Mrs. Miss other

Contact Details of person lodging claim:

Telephone: _____ Mobile: _____

Email Address: _____

Relation to student: Parent Guardian Other _____

TRAVEL INFORMATION

Date of Departure: _____ Date of Return / Expected Return: _____

Departure Country: _____ Departure City: _____

Destination Country: _____ Destination City: _____

Did loss occur whilst on an authorized school travel? Yes No

INCIDENT DETAILS

Date of Event (accident/injury/sickness/damage/theft): _____

Country of Event: _____ City of Event: _____

Please describe how the accident/injury/sickness/damage/theft occurred:

Was the incident reported to police or any other law enforcement authority? Yes No

Police/Law Enforcement Report Number: _____

EMERGENCY ASSISTANCE PROVIDER – DYNAMIQ

Has DYNAMIQ been advised of the claim?

Yes No

If yes, please provide Case Number: _____

OTHER INSURANCE

Did you pay for your trip on a Credit Card?

Yes No

If yes, please provide the name of the financial institution and card type (e.g. Platinum or Gold Visa): _____

Did you purchase any other travel insurance policy for this trip?

Yes No

If yes, please provide the name of the travel insurance provider & your policy number: _____

Do you have Home & Contents Insurance?

Yes No

If yes, please provide the insurer name and policy number:

Have you made a claim for property loss or damage with your Home & Contents insurer?

Yes No

If yes, please provide the reference number: _____

IMPORTANT DECLARATION FOR ANY TREATMENT/EXPENSE INCURRED IN AUSTRALIA:

Please note, under the Health Insurance Act s128a, fines apply for false or misleading information.

Are you entitled to claim Medicare Benefits:

As an Australian Citizen?

Yes No

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

Yes No

Under a Reciprocal Health Agreement?

Yes No

Medicare Care Number: _____ Expiry Date: _____

Do you have Private Health Insurance?

Yes No

If yes, please provide Insurer name and membership number:

Insurer Name: _____ Membership Number: _____

Have you lodged a claim with your Private Health Insurance?

Yes No

If yes, please provide all claim and rebate details:

(If you are a member of a Private Health Insurance Fund please lodge your claim prior to submitting this travel claim)

OVERSEAS MEDICAL EXPENSES CLAIM

Injury/Illness/Sickness or Disease Information

Describe the injury/illness/sickness or disease:

Claim Information

Date Expense Incurred	Details of all Medical Treatment	Amount (AUD or Local Currency)
Total Amount Claimed (AUD or Local Currency)		\$

CANCELLATION AND DISRUPTION CLAIM

Travel Amendment or Cancellation Claim

Date Travel Disrupted
or Cancelled: _____

Date You Were
Due to Depart: _____

Reason for Disruption or Cancellation:

Details of the Changed Itinerary:

Airfares/Airline	Accommodation	Currency (AUD or Local)	Amount Paid	Amount Refunded	Amendment Cost	Cancellation Cost
Subtotal Amount Claimed (AUD or Local Currency)			\$	\$	\$	
Total Amount Claimed (AUD or Local Currency)						\$

Additional Expenses Claim

Reason for Additional Expenses:

Expense Detail	Date Expense Incurred	Amount (AUD or Local Currency)
Less any compensation received from airline, hotel etc.:		\$
Total Amount Claimed (AUD or Local Currency)		\$

BAGGAGE & PERSONAL EFFECTS CLAIM

Have you submitted a claim for compensation for lost baggage or personal effects from your transport provider?

Yes No

If no, you will need to submit a claim for compensation to your transport provider before submitting a claim to us.

Claim Details

Item	Date Purchased	Personal Effect?	Business/Company Owned?	Replacement Amount (AUD or Local Currency)
Less amount paid in compensation by either the transport provider or any other insurance:				
Total Amount Claimed (AUD or Local Currency)				\$

RENTAL VEHICLE EXCESS WAIVER CLAIM

Is this claim related to a rental vehicle?

Yes No

Was the vehicle rented from a licensed rental agency?

Yes No

Details of the accident/damage/theft:

Rental Vehicle Excess Waiver amount you are liable to pay the rental agency:

\$

Total Amount Claimed (AUD or Local Currency)

\$

SUPPORTING DOCUMENTATION REQUIRED

Please attach the following documentation for the sections you have completed on this form.

Overseas Medical Expenses Claim

- Medical certificate and reports
- Original medical receipts

Cancellation & Disruption Claim

- Travel receipts, accounts or letter from travel agent/airline/hotel
- Medical certificate or letter from physician or doctor confirming reason for amendment or cancellation (if applicable)
- Refund advice from agent/airline/hotel

Baggage & Personal Effects Claim

- Proof of ownership of lost, damaged or stolen items (invoices, receipts)
- Police, airline incident report or event number
- Response from transport provider after claim for lost/delayed luggage (where applicable)

Rental Vehicle Excess Waiver Claim

- Rental agreement showing the excess amount you were liable to pay
- Police report or police event number (where available)
- Repair invoice or quote

ELECTRONIC FUNDS TRANSFER (EFT) DETAILS:

Following approval of your claim, should you wish to have your claim transferred directly into your bank account, please provide the following details:

Name of Financial Institution: _____

Account Name: _____

BSB: _____ Account Number: _____

Please note that we are not liable for any bank processing fees incurred by you.

GST

Are you registered for GST? Yes No

Please advise your ABN: _____

Have you claimed or intend to claim any input tax credit on the GST component of the premium applicable to the policy? Yes No

Will you be claiming an amount less than 100%? Yes No Amount Claimed _____%

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged? Yes No Amount Claimed _____%

DECLARATION

I hereby declare, for and on behalf of the Insured that the foregoing statements are true and correct:

Name: _____ Relationship to claimant: _____
Signature: _____ Date: _____

Email: ahclaimsaustralia@bhspecialty.com

Phone: 1300 380 377

Mail: Berkshire Hathaway Specialty Insurance
GPO Box 650
Sydney NSW 2001

About Us

We are Berkshire Hathaway Specialty Insurance Company (ABN 84 600 643 034, AFS Licence No. 466713), authorised by the Australian Prudential Regulation Authority to carry on general insurance business in Australia.

Privacy

We are committed to safeguarding your privacy and the confidentiality of your personal information. We, and entities acting on our behalf, only collect personal information from or about you for the purpose of assessing your application for insurance and administering your insurance policy, including managing and administering any claim made by you. Without your personal information, we may not be able to issue insurance cover, administer your insurance or process your claim.

We will only use your personal information in accordance with the *Privacy Act 1988* (Cth) and for the purposes outlined above.

We may disclose your personal information to third party service providers for the purposes outlined above or where disclosure is permitted by law. These entities may be located in Australia or overseas, including in India, Singapore, Hong Kong, the United Kingdom, New Zealand and the United States of America. Where such disclosure is made, we make all reasonable efforts to ensure that the arrangements we have in place with overseas parties impose appropriate privacy and confidentiality obligations on those parties to ensure that imparted personal information is kept secure and that such information is only used for the purposes noted above.

If you wish to obtain details of the personal information we hold about you (including contacting us to correct or update the personal information we hold about you), or if you have a complaint about a breach of your privacy, please refer to our privacy policy available at <http://www.bhspecialty.com/privacy-policy.html>, or contact our Chief Risk Officer by email to australasia.privacy.compliance@bhspecialty.com.

We reserve the right to refuse access under the grounds permitted by the *Privacy Act 1988* (Cth) and if you are seeking information on another person's behalf, we will require written authorisation from that individual.

Complaints

If you have a complaint or concern about our insurance products or services we provide, please contact your intermediary or your usual BHSI contact.

If you are not satisfied with our response, you may escalate your complaint by contacting complaints.australia@bhspecialty.com. Our internal dispute resolution process is free of charge and we will aim to respond to your escalated complaint within fifteen (15) business days.