

1 These sections must be completed together with the sections on the following pages that apply to your claim.

Insured's Surname	Given Name/s	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured's Permanent Postal Address		
<input type="text"/>		
<input type="text"/>		
Home Phone	Business	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

2

Policy Number (please attach policy certificate)	Occupation	
<input type="text"/>	<input type="text"/>	
Travel Agent	Travel Agent's Telephone Number	
<input type="text"/>	<input type="text"/>	
Date Travel Commenced	Destination	Date Returned
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you hold a policy with any other company indemnifying you in respect of this accident/loss?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state name of company and policy details		
<input type="text"/>		
<input type="text"/>		
Have you ever made a travel insurance claim of any nature with any insurance company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state the insurer, date and reason for the claim, amount claimed etc.		
<input type="text"/>		
<input type="text"/>		

3 Please read this important information carefully

If you require further information please phone our Claims Department on 9265 6402.

Declaration

HBF Insurance Pty Ltd (ABN 11 009 268 277) (HBF) will use the information you supply on this form, and the information we collect from third parties in connection with your claim (which by signing this form you authorise us to collect), to assess and process your claim. We may disclose certain personal information to claims service providers, to the Insurance Reference Bureau and to our related companies. Further information on how HBF may use and disclose the personal information you provide is contained in HBF's Privacy Statement, which also sets out information about access to your personal information, the laws that impact on HBF's handling of personal information and the consequences if you do not provide the personal information HBF requires. A copy of the Privacy Statement is available at www.hbf.com.au or you can phone a Member Service Advisor on 133 423 to request a copy.

Medical Authority

With regard to MEDICAL EXPENSES/CANCELLATION/ADDITIONAL EXPENDITURE claims, I hereby authorise any hospital, physician or other person who has attended me to furnish to HBF Insurance Pty Ltd or its representatives any and all information with respect to any sickness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. I agree that a photocopy of this authorisation shall be considered as effective and valid as the original.

Furthermore

In consideration of HBF Insurance Pty Ltd on behalf of the Insurers agreeing to meet payment of this claim, I/we hereby agree to discharge HBF Insurance Pty Ltd and the Insurers from any further liability, claims or demands in respect of this claim. Any property which is subject of this claim will be owned by the Insurer by virtue of the claim having been settled in respect of such property.

Signature	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

1 Please apply to your Travel Agent for all refunds available for your cancelled travel arrangements. You must also supply your Travel Agent's written response with this claim.

Place where claim occurred	Date	/	/	Time
Explain incident resulting in a claim				

2 Have you incurred loss of pre-booked expenses? Yes No

If yes, please complete the following:

List loss of expenses (eg accommodation/tickets/tours)	Amount Paid	Amount Refunded	Balance Claimed
AMOUNT CLAIMED			\$

3 Have you incurred any additional expenses following cancellation of your pre-booked expenses? Yes No

If yes, please complete the following:

List of additional expenses (eg accommodation/tickets/transport etc)	Amount Paid	
AMOUNT CLAIMED		\$
(Please attach receipts) Pre-Booked Expenses		\$
Additional Expenses		\$
TOTAL		\$

An excess may apply to your claim. Please refer to your policy wording or contact us on 133 423.