



TOKIO MARINE
NICHIDO

Tokio Marine & Nichido Fire Insurance Co., Ltd.
ABN 80 000 438 291

Managing Agent in Australia:
Tokio Marine Management (Australasia) Pty. Ltd.
ABN 69 001 488 455

RAC Travel Insurance Claims, C/- TMNFA
GPO Box 4616, Sydney NSW 2001
Tel. 1300 209 352

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Email: racclaims@tmnfatravelinsurance.com.au

OVERSEAS MEDICAL, DENTAL AND/OR HOSPITALISATION CLAIM

Claimant Name Claim No/
Policy No

Name of sick/injured Person

Date of Birth

Relationship to Insured

Date Illness commenced or Injury occurred

Does this claim relate to a skiing/winter sports injury – **Y/N**

If claiming dental, does this claim relate to an injury – **Y/N**

Nature of Illness/Injury – Please provide full details

Has the above person ever suffered from the same illness or injury before – **Y/N**

If Yes, please provide details including details of usual treating doctor/specialist

Was the above person admitted to hospital – **Y/N**

If Yes, please provide date admitted and date discharged from hospital (*discharge summary required*)

Date Admitted..... Time

Date Discharged Time

Was the Emergency Assistance team contacted – Y/N

Case No, if known –

Please list Medical Expenses you wish to claim –

Please list each expenses/receipt separately.

Name of Dr/Dentist/Hosp/ Pharmacy or other Provider	Treatment Received	Date of Treatment	Amount Charged/ Currency	Account Paid
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N
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				Y/N
				Y/N
				Y/N

Documents required –

- Copy of itinerary
- All invoices and receipts
- If more than one medical consultation being claimed please provide medical report confirming diagnosis
- If claiming for dental please provide a report confirming dental condition and treatment received
- If admitted to hospital please provide a copy of the discharge summary showing treatment, date admitted and date discharged
- If claim relates to an injury, copy of accident report/notification if available