

Travel Claim Form

YOUR PRIVACY

- We collect personal information about you (including the information you provide in this General Claim Form) to enable us to assess your claim and related purposes. We will, where relevant, disclose your personal information (*other than sensitive information, such as information about your health*) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters, investigators and solicitors) and other businesses we work with for this purpose. In some cases, we may need to share your information with our related companies overseas, including our head office in Japan.
- Where relevant, to assess your claim we will also disclose personal information collected from you, including sensitive information about you (such as information about your health), to medical practitioners, other health professionals, reinsurers, legal representatives and other consultants we use to help us assess your claim. **By signing this General Claim Form, you consent to those organisations and other professionals collecting, and us disclosing, sensitive information about you for this purpose.**
- A list of the type of our service providers, key business alliances and the consultants we commonly use is available on request.
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not be able to assess your claim.
- We may also disclose personal information about you where we are required or permitted to do so by law.
- In most cases, on request, we will give you access to the personal information we hold about you. Where we are unable to grant you access, we will tell you why.
- This Privacy Statement should be read in conjunction with our Privacy Policy. A full copy of our Privacy Policy can be located on our website at www.tokiomarine.com.au, or available upon request by contacting our Privacy Officer at the details contained below in this Statement.
- If you would like to find out more about our information handling practices, you can contact us by telephone on 02 9232 2833, email us at privacy@tokiomarine.com.au or write to 'The Privacy Officer' at Tokio Marine & Nichido Fire Insurance Co Ltd, GPO Box 4616, Sydney, NSW, 2001. Please provide details of your policy number/s and/or claim number where known.



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

<http://www.tokiomarine.com.au>
Email: racclaims@tmnfatravelinsurance.com.au

Please answer all questions and mark boxes where appropriate. If you need any help or are unsure of how to fill in this form, please call us on 1300 209 352. You can also email us on racclaims@tmnfatravelinsurance.com.au

Step No 1: You and Your policy

1. Policy Number (as shown on Your Certificate of Insurance)

2. Date and Time of the 1st Loss or Incident occurred.

Date

Time Local time 24 hrs e.g. 16:00

Did you contact our Emergency Assistance Y/N - Please provide Case Ref No

Your Details – MAIN POLICYHOLDER

3. Title: Surname: First Names:

4. Date of Birth:

5. Home Address:

Suburb: State: Postcode:

6. Postal Address (if not as above):

7. Phone: (home): (mobile):

(work):

8. Email:

9. Did you use a credit card to purchase your travel (e.g. flights, accommodation, tours etc) Y/N

Please provide credit card details

10. Do you have any other insurance which would cover your loss e.g. home & contents insurance Y/N

Please provide details

11. Please provide your bank details to allow direct credit to your nominated bank account of the assessed reimbursement payable on your claim. Please note we cannot deposit into a credit card account.

Account Name Bank Name

BSB - Account Number

Step No 2: Describing the Events

Please provide us with an exact description of what happened that has caused you to make your claim.

12. Where did the incident occur?

Town and Country (e.g. Los Angeles, California)

Location (e.g. Disneyland)

13. Is this claim involving you or someone else covered under policy?

Myself

Another insured

If another insured, Please provide the name.

Title:

Surname:

First Names:

** If multiple insured persons involved in the claim please provide full details in description below.

14. Please describe in detail, what happened.

If this space is not sufficient, please add an email attachment when you return this form.

Step No 3: Send back this form.

When completed, send this claim form back to us at racclaims@tmnfatravelinsurance.com.au. Once we receive it, we will contact you to gather more information and begin our claims process. We will let you know what documentation we need, how to get it to us and how the process will work. At any time if you have questions or need help, please contact us either by the email above or by phone on 1300 209 352.

DECLARATION & MEDICAL AUTHORITY— Read carefully before signing

I declare that –

- All the particulars stated above and statements made in support thereof are true and correct and that no information relevant to this claim has been withheld.
- I understand that the claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.
- I understand that by investigating my claim or by accepting proofs of my claim, TMMA has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I authorise any person, corporation, institution, private or government organisation, whether named by me or note, to provide such information as TMMA in its absolute discretion considers relevant for its assessment of initial or ongoing benefits for my claim including, without limitation.

- All medical & hospital records including treatment, surgery & prescribed medications.
- All Health Insurance claims history including Medicare
- All information in relation to my assets, liabilities, earnings, salary & wages.
- Any information from third parties relevant to the assessment of this claim.

I agree that a photocopy of this authorisation will be considered as effect and valid as the original.

Signature of the Insured

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Print Name:

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Date:

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