

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

TRAVEL AGENT FORM

| Claimant Name/s & Travel Dates | | | | Claim/Policy No | | |
|--|--|--|-----------------------------------|--------------------------|-----------------------|--|
| | | | | | | |
| We have received a travel cla booked through your agency | ·= | our above client | in regards to th | ne cancellation/amendn | nent of their trip | |
| Provide details of all | gs includin cancellation offered b | g flights, flight to ons fees applied by the airline/pro | axes, hotels, tood and refunds re | ur packages, cruises, ca | | |
| Date of Booking/Deposit pai Date advised of Cancellation | d | | | | | |
| BOOKINGS | AMEI | NDMENT S | CANCELLATION COSTS | | | |
| Details of Booking | | ional cost | Original Amou Paid | unt Refund Received | d Claimable Amount | |
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| If the trip has been amended incurred please advise what t | _ | 1 .D | | | | |
| Please attach the applicable received, airline/provider boo flight date changes or credits | king cond | itions or confirr | nation of cancel | | • • | |
| I certify that the above infor | mation pro | ovided on this f | orm is true and | correct. | | |
| Agency name & address Consultant Name & Signature Date Contact Details | <u>!</u> | | | | | |

Travel Agent Form Jul-15

1