Bankwest Card Insurances Claim form

How do I make a claim with Cover-More?

The easiest way to submit a claim with Cover-More is to use our Online Claims Tool at claims.covermore.com.au/BW

You can make your claim with Cover-More in 3 simple steps:

1 Fill out the claim form

When completing your claim form you must fill out General Information on pages 2 & 3 in addition to the specific section under which you are claiming. See the below table to find the pages for the sections you need to complete and if an excess applies.

I am claiming for:	Is there an excess payable?	On pages:
Overseas Medical and Dental	Yes	3 & 9-10
Additional Expenses	Yes	4
Amendment and cancellation costs	Yes	5-6
Luggage and Travel Documents	Yes	7
Delayed Luggage	Yes	8
Money	No	7
Rental car insurance excess	No	8
Medical and dental expenses in Australia	Yes	3 & 9-10
Resumption of Journey	Yes	8
Something not listed above i.e. Travel Delay, Special Events, Hospital Incidentals, Hijacking, Loss of Income, Disability, Accidental Death & Personal Liability	No	8

If you have more than one reason to claim E.g. lost luggage at the start of your trip and a medical bill at the end), please fill out all relevant parts of the form.

2 Provide all relevant documentation

- For most benefits claimed we will need your travel itinerary or a summary of your travel plans, please include these with your initial claim submission to help us process your claim.
- If you can't provide any of the documents we request, please include a letter explaining why
- We accept documents in a foreign language

3 Send us your claim

@	**to email: bankwestclaims@covermore.com.au** (you can send up to 10 MB of attachments)
✉	**to post: Bankwest Card Insurances, C/o Cover-More, PO Box 2027, North Sydney NSW 2059 Australia** (registered or express post recommended)
🖷	**to fax: 02 9383 8872**

What happens next?

- After we have received your submitted claim via email, post or fax, you will receive a confirmation email and your claim will be assigned to a Claims Officer for assessment. We will then contact you with our response to your claim within 10 business days.
- If you have any questions about submitting your claim or this form, please contact us.

Please do not staple or glue the pages of this claim form or any included documents together before submitting to our office.

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General information - All questions in this section must be answered for all claims

Your policy number

Unsure? Contact Cover-More to obtain a copy of the Certificate of Insurance. For credit/debit card insurances, where you don't have a policy number please enter your card information. We cannot use the full details to identify your full credit card number.

OR

Your credit/debit card information

Please provide the following information regarding your eligible Commonwealth Bank credit/debit card.

Name on card

The first six digits on your card The last four digits on your card

Are you a cardholder for this credit account? ☐ Yes ☐ No, if "No" what is your relationship to the cardholder?

Were you with the cardholder at the time of the event ☐ Yes ☐ No Do you permanently reside with the cardholder? ☐ Yes ☐ No

a. Your information

Title | Given name(s) | Surname | Date of birth

Occupation | Mobile phone (or best other contact) | Email address

Postal address | Suburb | State | Postcode

b. Payment

If your claim is approved we will deposit your settlement into your nominated bank account below (we cannot make payments to a credit card). We prefer to pay successful claims directly into your bank account as it is faster and safer.

Name of bank | Branch

Account holder name | BSB number | Account number

(If you do not complete above payment details, we will post you a cheque which may take up to five additional days.)

Please ensure that the bank account details you provide to us are correct. We will not be liable for any loss that you suffer as a result of payment(s) made to an incorrect bank account because the details you have supplied were incorrect. If you are unsure of your bank account details, please contact your bank or financial institution for assistance.

c. ABN holders

Are you registered for GST purposes?

☐ Yes - Fill out your ABN and answer all questions under c. ABN Holders

☐ No - Proceed to e. Your declaration

ABN

Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made? ☐ Yes ☐ No

If Yes, what percentage of the GST did you claim or are you entitled to claim? (if the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%)

d. Your declaration

I/we declare that:

- all statements and particulars stated on this form and all documents submitted are true and correct.
- I/we will cooperate fully with the insurers in the assessment of my claim.
- I/we have not withheld any material information connected with this claim that will inhibit the insurer's ability to make a fair and reasonable assessment of my claim.
- I/we acknowledge that my personal information may be disclosed to, and obtained from, certain other parties including the Insurance Reference Services database, other insurers and government agencies.
- I/we assign to the insurer all rights of recovery/salvage against any person or organisation and will cooperate to secure such rights.
- I/we have read and understood the Privacy Notice on page 13.
- you may send the personal information included on this form and related documents overseas to assess investigate and pay my claim. I understand that this information may not be subject to the same level of Privacy as is offered by the Australian Privacy Regime and that I will not be able to seek redress under the *Privacy Act 1988* in the overseas jurisdiction.
- where I/we provide information, including sensitive information, about other individuals, that I/we have informed them (or their parent, guardian, executor or Power of Attorney) of the personal information being provided and the contents of the Privacy Notice and have obtained their consent to providing the information.
- I/we understand that Cover-More are committed to investigating claims to avoid passing the costs of dishonest and fraudulent claims on to the customer, and that when possible investigations will be conducted quickly and with minimal disruption. I/We further understand that any confirmed fraud will be reported to the police.

Signature of claimant(s) Signature of claimant(s) Date

continued on page 3

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General information - All questions in this section must be answered (continued)

e. Claim details

Date of incident **Time**

__ __ / __ __ / __ __ AM/PM

Country

Town

Whereabouts/location

Please provide an explanation of your claim and why you are claiming
(Please include a letter if more space is required).

If the claim was caused by a health condition/dental problem/death please answer the following questions:

Person whose state of health/dental problems/death caused the claim

Given name(s)

Surname

Relationship of that person to you

Has the illness/injury occurred before? ☐ Yes ☐ No If Yes, advise the condition.

Were you/was the person treated as a hospital inpatient overseas?
☐ Yes ☐ No

Date admitted **Time admitted**

__ __ / __ __ / __ __ AM/PM

Date discharged **Time discharged**

__ __ / __ __ / __ __ AM/PM

Did you/the person contact the 24 hour emergency assistance team?
☐ Yes ☐ No

Overseas medical and dental

REQUIRED DOCUMENTATION:

- ☐ Medical reports from the treating overseas medical provider which confirm the diagnosis.
- ☐ All invoices and receipts.
- ☐ If the claim is due to a dental condition, we require written confirmation from the treating dentist that the treatment was not caused by or related to the deterioration and/or decay of teeth or associated tissue.
- ☐ The Medical Authority (page 9) completed by the person whose state of health caused the claim or Executor of the Estate if applicable.
- ☐ The Medical Certificate (pages 9-10) completed by your usual medical practitioner. **Please note:** If you are unable to provide this or don't have a usual G.P., we may have to request Medicare records which can delay the processing of your claim.
- ☐ A copy of your original itemised invoice for your travel arrangement.

Please list each bill/receipt separately:

Name of doctor, dentist, pharmacy, hospital or provider	Date of treatment, consultation etc.	Amount charged	Currency	Paid? Y/N
	__ __ / __ __ / __ __			
	__ __ / __ __ / __ __			
	__ __ / __ __ / __ __			
	__ __ / __ __ / __ __			

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Additional expenses

REQUIRED DOCUMENTATION:

☐ All invoices and receipts.

If your claim is due to travel delay:

☐ You will need to supply a letter from the transport provider that confirms the length and reason for the delay as well as any compensation offered.

If caused by a medical condition:

☐ If the expenses were incurred due to someone's health, you will need to supply a medical report from the treating overseas medical practitioner confirming the nature of the illness or injury that gave rise to your claim.

☐ The Medical Certificate (pages 9-10) completed by your usual medical practitioner for claims due to a medical condition, illness or death (i.e. not an injury).

☐ The Medical Authority (page 9) completed by the patient whose health has caused the claim or the Executor of the Estate for claims due to a medical condition, illness or death (i.e. not an injury).

Please complete this section if you are claiming for expenses incurred as a result of an unforeseen event.
E.g. Accommodation and transport expenses.

1. Please provide a full description of why the additional expenses were incurred.

Description of cost	Amount claimed	Description of cost	Amount claimed
1.		5.	
2.		6.	
3.		7.	
4.		8.	

2. If the above event had not occurred, what were your original plans for the same period?

Original expected plan	Expected cost	Original expected plan	Expected cost
1.		5.	
2.		6.	
3.		7.	
4.		8.	

3. Were your original plans above pre-paid? ☐ Yes ☐ No ☐ Partly paid

4. If your original plans were pre-paid, did you receive a refund? ☐ Yes ☐ No If Yes, please advise the amount

5. If your claim is due to travel delay please advise when you were due to depart and when you actually departed.

When were you due to depart?

Date ☐☐/☐☐/☐☐ Time AM/PM

When did you actually depart?

Date ☐☐/☐☐/☐☐ Time AM/PM

Mode of transport

Transport provider name

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Amendment or cancellation costs

REQUIRED DOCUMENTATION:

If due to someone's health (medical condition, injury or death):

- ☐ The Medical Certificate (pages 9-10) completed by the usual medical practitioner.
- ☐ The Medical Authority (page 9) completed by the person whose state of health caused the claim or the Executor of the Estate.
- ☐ Additionally, if the claim is due to someone's death you will need to provide a full copy of the Death Certificate (not an extract) that states the cause of death.

*Please note that you can obtain the travel information required below from your travel agent or supplier directly.

- ☐ **International flights documentation (for any international flights)**
  - A copy of the airline's fare sheet/rules (showing the fare conditions).
  - N.B.: Please check the conditions as many airlines have waivers E.g. in the case that a passenger or their relative dies, you may be able to claim a refund from the airline with the submission of a medical or death certificate. This must be applied for first before submitting a claim.
- ☐ **Domestic flights documentation (for any domestic flights)**
  - Confirm if the ticket has been changed to travel at a later date. If the date hasn't been changed, there is a 12 month credit allowance that is available for use through the airline. If the customer is unable to use the credit, the customer will need to obtain confirmation that the credit has been cancelled before claiming for it through their travel insurance policy.
- ☐ **Land arrangements documentation (for any land bookings)**
  - We require a copy of the providers booking conditions showing the published cancellation penalties. This is usually shown in the back of the relevant brochures.
  - If the booking conditions do not specify exactly what cancellation fees apply (E.g. cancellation fees may be up to 100%) then we require written confirmation from the wholesaler confirming how much you are to be refunded.
- ☐ **Cruise documentation (for any cruises)**
  - We require a copy of the providers booking conditions showing the published cancellation penalties. This is usually shown in the brochures.
  - We also need a breakdown of any tax component (I.e. port taxes) that should be refundable.

1. Were all of your travel arrangements booked by a travel agent?

☐ Yes - You do not need to fill out the following. Instead, please have your travel agent complete the 'Agent form' on pages 11-12.

☐ No - Please fill out the table following for any arrangements that you booked yourself. If any of your travel arrangements were booked by a travel agent, please have them fill out pages 11-12.

You only need to complete the following for travel arrangements being claimed that were not arranged by a travel agent.

Your policy covers you for amendment or cancellation, whichever is the less (subject to policy limits and the terms and conditions of the Product Disclosure Statement). Firstly you need to work out how much it would cost you to amend your journey (e.g. to travel at a later date) compared to the non-refundable amount you won't be able to get back if you cancel the journey. In most cases it is more cost effective to amend your journey rather than cancel it. If you have not made any changes to your travel plans yet as a result of a potential claim under this section, please phone us and we will guide you.

2. On what date did you cancel/amend your journey? ☐☐/☐☐/☐☐

3. Can you travel on different dates? ☐ Yes ☐ No If No, please explain the reason why you have not amended the journey.

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Amendment or cancellation costs (continued)

Please fill out this column for any **cancelled** travel arrangements

	Travel arrangement	Cancellation costs A. Amount paid	–	B. Amount refunded by supplier	=	Amount claimable (A minus B)
Flights (excluding taxes)			–		=	
			–		=	
			–		=	
			–		=	
Accommodation			–		=	
			–		=	
			–		=	
			–		=	
Packages			–		=	
			–		=	
			–		=	
			–		=	
Other (I.e. car hire, rail passes, transfers etc.)			–		=	
			–		=	
			–		=	
			–		=	
				Total		$

If the trip was cancelled outright prior to departure what would it have cost to amend the trip to different dates (rather than cancel outright)?

$

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Lost/stolen/damaged luggage or money

REQUIRED DOCUMENTATION:

For lost or stolen items:

☐ Loss/theft report. E.g. police, hotel, security or transport authority report.

i.e. The report needs to come from a responsible authority to confirm that your loss took place.

☐ For items lost or stolen while in the custody of a transport provider, we require a letter from the transport provider confirming that the loss has been reported to them by you and advising the amount of compensation they are paying to you for your loss.

☐ For all items, we will require proof of ownership.

As proof we will consider:

Item	Proof of Ownership
Cameras Mobile phones (including smart phones) Laptop or tablet computers Jewellery All other items (medical aids, bags & clothing)	• We will accept the original or a copy of a purchase receipt, invoice and/or bank statement showing the purchase, the date of the purchase and the amount paid. • We may consider valuation certificates (issued prior to the Relevant Time), ATM receipts and warranty cards with accompanying bank statement of purchases.

We will not accept photographs, packaging or instruction manuals as proof of ownership.

For **Damaged Items** we will require;
- repair quote/ report, and
- repair receipts

For **Replaced Items** we will require;
- replacement receipt.

1. How did the loss/theft/damage occur? (please include a letter if more space required). If the items you are claiming for were with another person at the time of loss, please provide their full name and contact details, and please describe how they are known to you.

2. Did you contact our emergency assistance team? ☐ Yes ☐ No

3. Were the police or a responsible authority notified? ☐ Yes ☐ No Report reference number

If No, please explain why this policy requirement was not met.

4. If you are claiming for spectacles, dentures or a hearing aid, these items are normally claimable against your health fund.
Do you have a private health fund? ☐ Yes ☐ No Please include evidence of the amount paid by your Private Health Insurer.

5. If a transport provider caused this loss, have you submitted a claim with them? ☐ Yes ☐ No

If No, there is a liability imposed on airlines by the 1999 Montreal Convention for costs associated with lost or delayed luggage so you should claim from them before submitting your claim to us. For other transport providers you also need to submit a claim directly to them in the first instance. Travel insurance protects you against the amount the responsible transport provider is unable to compensate you for, subject to your policy conditions and limits.

If Yes, please give details and the claim reference number.

6. Have you received compensation from the airline or transport provider? ☐ Yes ☐ No

If Yes, what amount did you receive in compensation? Please make sure you include written confirmation of this amount.

Please list all items you are claiming in the table below.

WARNING: Claiming for items that you never owned, claiming for items that were not lost or stolen, inflating the amount of your claim or providing false or misleading information about how the loss occurred is fraud. As fraudulent claims increase travel insurance premiums for all customers, Cover-More has a dedicated team of fraud specialists that investigates all claims.

Full description of each item	Brand, model, number etc	Month & year of purchase	Place of purchase	Proof of ownership attached?	Have you replaced this item?	Original purchase price and currency or repair quote
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

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Delayed luggage

REQUIRED DOCUMENTATION:

- ☐ A copy of your original itemised invoice for your travel arrangements
- ☐ Loss report from the transport provider with confirmation that all of your luggage was delayed, the length of time your total luggage was delayed and details of compensation paid by them.
- ☐ Itemised receipts for essential, emergency purchases of clothing, toiletries, shoes, non prescription medication and a bag (made whilst your luggage was delayed).

Have you received compensation from the airline? ☐ Yes ☐ No If Yes, what was the compensation amount? _____ Please include confirmation

Please be aware that your luggage must be delayed for longer than 12 hours for this cover to be available.

When did your flight arrive?

Date ☐☐/☐☐/☐☐ Time _____ AM/PM

When did you receive your luggage back?

Date ☐☐/☐☐/☐☐ Time _____ AM/PM

Description of items purchased	Price and currency	Description of items purchased	Price and currency
1.		4.	
2.		5.	
3.		6.	

For the traveller(s) affected, how many bags did you check in? _____ How many of these bags were delayed? _____

Rental vehicle insurance excess

REQUIRED DOCUMENTATION:

- ☐ The Rental Agreement/contract showing the excess you were liable to pay in the event of damage or theft.
- ☐ A copy of the itemised repair invoice showing the cost of repairs to the vehicle.
- ☐ A copy of the documents showing the amount debited by the rental car company for the damages/excess.
- ☐ The report made to the police or other relevant authority.
- ☐ If another party was at fault, written confirmation from them of the compensation payable by them/their insurer.

Date of incident ☐☐/☐☐/☐☐ Time _____ AM/PM Country _____ Location _____

How did the accident/damage/theft occur?

_____

_____

_____

_____

Excess you were liable to pay _____ Repair costs _____ Amount you are claiming _____

Did the damage occur whilst driving on an unsealed surface? ☐ Yes ☐ No

Was there another party at fault? ☐ Yes ☐ No

If Yes, please provide the name and address of the at fault party as well as their insurance details if known.

_____

_____

Did the police attend the scene? ☐ Yes ☐ No Have you received compensation from any person or party involved? ☐ Yes ☐ No

If Yes, what amount did you receive in compensation? _____ Registration number of the at fault party vehicle _____

Note: If the cost of repairs was less than the excess charged, please contact the rental car company to obtain a refund of the difference.

Other expenses claimed

This section is for any other expenses not mentioned above.

Nature of expense	Amount claimed	Nature of expense	Amount claimed
1.		4.	
2.		5.	
3.		6.	

Please forward relevant supporting documentation to assist us in processing your claim. For more information, contact Customer Service on 1300 468 340.

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Cover-More

Medical form

Submit the claim to Cover-More by: **Post** Bankwest Card Insurances, C/o Cover-More, PO Box 2027, North Sydney NSW 2059 Australia
Fax (02) 9383 8872 **Email** bankwestclaims@covermore.com.au

Medical Authority (To be completed by the person who was ill/injured)

To be completed by the person whose state of health caused the claim (or their Parent/Guardian, Executor of the Estate or Power of Attorney if applicable). Details of the patient's usual doctor (of at least 12 months prior to the policy issue date).

I, _____ voluntarily authorise and direct any hospital, doctor, dentist or other third party or person who has medically attended or examined _____ to provide Cover-More Insurance Services Pty Ltd (Cover-More) and it's employees, representatives and related bodies corporate, any and all information and records with respects to any mental or physical illness or injury, medical history, consultation, prescriptions or treatment that were rendered to them.

I understand and agree that this authorisation will allow Cover-More to use the information obtained to investigate and adjudicate the claim.

A photocopy of this authorisation shall be considered to be as effective and valid as the original.

Signature of patient/Executor/Power of Attorney

Patient's name

Date of birth ☐☐/☐☐/☐☐

Signed date ☐☐/☐☐/☐☐

Name of usual Medical Practitioner

Relationship to patient (if applicable)

Medical Practitioner's phone number

Medical Practitioner's fax number

Medical Practitioner's email or postal address (include postcode)

Medical Certificate (To be completed by the patient's usual Medical Practitioner)

To be obtained at the claimant's own expense from the patient's usual Medical Practitioner (whom they have been attending for at least 12 months prior to the issue date of the policy). Required for all claims arising from a person's health/medical condition, death or dental condition. If you do not have a usual medical/dental practitioner, please contact us.

IMPORTANT: The medical practitioner is respectfully requested to give as much detail as possible when answering these questions in order to assist our client with their claim and avoid the necessity of additional questions. PLEASE USE BLOCK LETTERS. You may reply in letter format however answers to each of the questions below that are relevant to your patient or the claim being made by the claimant will need to be included.

1. Name of patient

2. Date of birth ☐☐/☐☐/☐☐

3. Are you the patient's usual General Practitioner? ☐ Yes ☐ No

a. If Yes, for how long?

b. If No, do you have access to their medical records? ☐ Yes ☐ No
From what date? ☐☐/☐☐/☐☐

4. Please give a precise diagnosis of the illness or injury or cause of death that has given rise to the claim. If an injury, how was it sustained?

5. On what date did the patient first consult You in relation to this condition or symptoms of this condition? ☐☐/☐☐/☐☐

6. Have you or anyone else known to you previously treated or advised this patient in respect of the same/similar/related illness or injury as described in the answer to question four? ☐ Yes ☐ No

7. Prior to the policy issue date, was the patient receiving any regular advice, treatment or medication or being investigated for this condition or any similar/related condition? ☐ Yes ☐ No If Yes, please give details and please provide details and include copies of all letters from referred specialists, the patient's full medical history, current medications and all hospital visits for the past two years.

8. Did you advise the patient to take medication for this condition before or whilst on the journey? ☐ Yes ☐ No

9. Was there any indication prior to travel that medical care might be required on the journey? ☐ Yes ☐ No

continued overleaf

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Medical form

10. Please provide details of the patient's health at the time when the insurance was issued and the likelihood of the patient's health leading to hospitalisation or death after this time.

11. Please provide the following dates, where applicable.

a. Date of onset of illness/injury/death and/or date of deterioration/exacerbation ☐☐/☐☐/☐☐

b. Date tests prescribed ☐☐/☐☐/☐☐

c. Date tests carried out ☐☐/☐☐/☐☐

d. Date results advised to the patient ☐☐/☐☐/☐☐

e. Date referred to specialist/surgeon ☐☐/☐☐/☐☐

f. Date of death ☐☐/☐☐/☐☐

g. Name and address of specialist/surgeon

12. Date the patient was advised that they would not be able to travel. ☐☐/☐☐/☐☐

13. If due to pregnancy:

a. On what date was the pregnancy confirmed? ☐☐/☐☐/☐☐

b. How many weeks pregnant was the person on this date?

c. Was the conception medically assisted? ☐ Yes ☐ No

d. Have there been previous complications with this or any other pregnancy? ☐ Yes ☐ No

14. Was the patient on a waiting list for hospital? ☐ Yes ☐ No If Yes, please give details.

15. Was the patient hospitalised? ☐ Yes ☐ No

If Yes, please provide admission date ☐☐/☐☐/☐☐

I certify that I have examined the patient named above and/or have referred to their medical records and confirm that the information given in this Medical Certificate is a true and correct statement.

Medical Practitioner signature

Name

Date ☐☐/☐☐/☐☐

Qualification

Telephone

Email address, fax number or postal address

REQUIRED DOCUMENTATION:

Please note: Failure to fully complete the form above or to send the documentation below, could result in a delay to processing our customer's claim. What you need to include:

- ☐ A copy of the Patient Health Summary sheet
- ☐ A copy of the initial referral letter to the Specialist (if applicable)
- ☐ A copy of all clinical discharge summaries for any hospital admissions within the last two years

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Cover-More

Agent form

Amendment/cancellation of bookings made with a travel agent

Submit the claim to Cover-More by: **Post** Bankwest Card Insurances, C/o Cover-More, PO Box 2027, North Sydney NSW 2059 Australia
Fax (02) 9383 8872 **Email** bankwestclaims@covermore.com.au

Customer name(s)

Customer name(s)

Agent form: Amendment or cancellation costs

Please submit this form and all supporting documents directly to Cover-More and provide a copy to your customer.

The policy covers the commission you had earned on the booking (subject to the policy limits). In order to calculate this we need to know how much the customer has paid to you and the net amounts paid to the booking provider I.e. the wholesaler, airline or cruise company. This information is not shared with customers. Enquiries will be directed back to the consultant.

N.B.: We do not cover any additional agency cancellation fees you charge your customer or additional monies held by your agency that are due to be refunded to the customer.

Please also make sure you have provided your customer with the option of amending their travel plans rather than cancelling. The policy covers the lesser of amendment or cancellation costs.

Travel arrangement	Cancellation costs A. Amount paid	B. Amount refunded by supplier	Amount claimable (A minus B)
Flights (excluding taxes)			
Accommodation			
Packages			
Other (I.e. car hire, rail passes, transfers etc.)			

Total $

If the trip was cancelled outright prior to departure what would it have cost to amend the trip to different dates (rather than cancel outright)? $

continued overleaf

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I certify that the information stated on this form is true and correct and I have supplied the required documentation.

Consultant's name

Consultant's signature

Travel agency name and address

Date

Phone

Fax

Email

Before submitting your customer's claim, ensure you have included the required documentation, as listed below.

REQUIRED DOCUMENTATION:

Please note: Failure to send the documentation below or failure to fully complete the form above, could result in a delay to processing your customer's claim. What you need to include:

- ☐ A copy of your customer's itinerary
- ☐ A copy of the itemised invoice
- ☐ **International flight documentation (for any international flights)**
  - A copy of the airline fare sheet/rules (showing the fare conditions).
  - NB: Please check the conditions as many airlines have waivers e.g. in the case that a passenger or their relative dies, the customer may be able to claim a refund from the airline with the submission of a medical or death certificate. This must be applied for first before submitting a claim.
- ☐ **Domestic flight documentation (for any domestic flights)**
  - Virgin Australia: Confirm if the ticket has been changed to travel at a later date. If the date hasn't been changed, there is a 12 month credit allowance that is available for use through the airline. If the customer is unable to use the credit, the customer will need to obtain confirmation that the credit has been cancelled before claiming for it through their travel insurance policy.
  - Other airlines: Confirm if the ticket has been changed to travel at a later date. If any amounts are being held in credit with the airline, the customer will need to obtain confirmation that the credit has been cancelled before claiming for it through their travel insurance policy.
- ☐ **Land arrangement documentation (for any land bookings)**
  - We require a copy of the providers booking conditions showing the published cancellation penalties. This is usually shown in the back of the relevant brochures.
  - If the booking conditions do not specify exactly what cancellation fees apply (e.g. cancellation fees may be up to 100%) then we require written confirmation from the wholesaler confirming how much the customer is to be refunded.
- ☐ **Cruise documentation (for any cruises)**
  - We require a copy of the providers booking conditions showing the published cancellation penalties. This is usually shown in the brochures.
  - We also need a breakdown of any tax component (i.e. port taxes) that should be refundable.

Remember to make a copy of all documents submitted for your customer in case they become lost in the mail.

Did you know that many airlines offer a cancellation waiver due to the death of a passenger or close family member?

Please ensure you check the airline terms and conditions as many airlines offer this waiver even on non-refundable tickets, with the submission of the death or medical certificate.

Here is an example of an airlines waiver in regards to death:

"waiver permitted for death of a passenger/an accompanying passenger/immediate relative as defined in general rules/legal guardian or ward as validated by a death or medical certificate".

Check the terms and conditions relevant to the customer's other bookings to see if they are entitled to this refund as these need to be applied for prior to submitting a claim form to Cover-More.

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Privacy notice

Cover-More TRAVEL INSURANCE

Cover-More and your personal information

Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks
- determine what services or products we can provide to you or others
- issue, manage and administer services and products provided to you or others including claims investigation, handling and payment
- improve our services and products e.g training and development of our representatives, product and service research, data analysis and business strategy development
- make special offers of other services and products that might be of interest to you.

What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

How we collect your personal information

Through websites from data you, or your travel consultant, input directly or through cookies and other web analytic tools, via email, by telephone or in writing.

We collect personal information directly from you unless:

- you have consented to collection from someone else
- it is unreasonable or impracticable for us to do so or
- the law permits us to.

We may also collect additional personal information from other third parties who help us provide you with our services and products or help us administer the products.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

Who we disclose your personal information to

We share your personal information with third parties for the purposes noted above.

The third parties include:

- insurers
- medical providers, travel providers and your travel consultant
- our lawyers and other professional advisers
- our related companies and other representatives or contractors who we have hired to provide services or to monitor the services provided by us or our agents, our products or operations
- other parties we may be able to claim or recover against or other parties where permitted or required by law.

Additional third parties are detailed in our Privacy Policy available on our website www.covermore.com.au.

We may also need to disclose information to recipients located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website www.covermore.com.au. In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act in Australia. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us, to the extent permitted by law, and may not be able to seek redress overseas.

By proceeding with your application, you and any other traveller included on the policy consent to this use and these disclosures unless you tell us otherwise, by contacting us.

More information, access, correction or complaint

For more information about how we collect, use or disclose personal information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy. It is available on our website www.covermore.com.au or by contacting us.

Your choices

If you wish to withdraw your consent including for things such as receiving information on products and offers by us or persons we have an association with, or your travel consultant receiving information about your policy and coverage, please contact us.

Contact us

Privacy Officer
Cover-More Insurance Services Pty Ltd, ABN 95 003 114 145
Private Bag 913, North Sydney, NSW 2059
email privacy.officer@covermore.com.au

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