



American Home Assurance Company
 ABN 67 007 483 267
 Incorporated with Limited Liability in the USA
 A Member of American International Group, Inc.

Melbourne: 549 St. Kilda Road, Vic. 3004. (03) 9522 4000 GPO Box 4363, Melbourne 3001.
 Sydney: 220 George Street, NSW 2000. (02) 9240 1711
 Brisbane: 307 Queen Street, QLD 4000. (07) 3220 0700
 Perth: 250 St. George's Terrace, WA 6000. (08) 9481 2855

TRAVEL INSURANCE REPORT FORM

Insured Person's Full Name _____

Street Address and Postcode _____

Telephone (including area code) _____

Home _____

Business _____

Email Address _____

Period of Journey _____

If claiming under a Corporate Travel Policy, the following section is to be completed by the officer of the Insured Company.

Full name of Policyholder / Insured Company University of Technology, Sydney

Policy Number 2200032824

Traveller's relationship to Insured Company Staff / Student

Did the loss occur whilst on Authorised Business Travel? Yes No (Circle as applicable)

Was an air trip involved in the travel? Yes No (Circle as applicable)

Details of Journey

Departure Date _____ From _____

Return Date _____ To _____

Enter Name Sadhna Sharma

Position Manager, Tax & Insurance

Additional information to be completed by Policyholder

Are you registered for GST purposes?

Yes

No (Circle as applicable)

If YES, what is your Australian Business Number (ABN)

77257686961

Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance premium for this Policy?

Yes

No (Circle as applicable)

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%)

100%

In respect to the items claimed, if you are registered for GST purposes, specify the percentage of the GST paid for each item that you are entitled to claim as an ITC. (If the GST paid and the ITC entitlement are the same amount, the answer to this is 100%)

100%

Luggage and Personal Effects

Give full details of how loss or damage occurred. (Specify each event including the date and time)

Date/s loss/es reported

Details of who loss/es were reported to

Were articles lost by a Carrier? (e.g. Airline)

Yes No (Circle as applicable)

If Yes, Name of Carrier

Please note that it is a requirement under the Policy that you lodge a claim against the carrier for any loss or damage. Please attach a copy of Incident Report Form and correspondence in this regard.

Do you have household contents insurance?

Yes No (Circle as applicable)

If Yes, advise name of Company

Does your policy cover you for this loss or damage?

Yes No (Circle as applicable)

Do you have any other insurance which would cover your loss/damage? (e.g. under a credit card)

Yes No (Circle as applicable)

Were all the missing articles your property?

Yes No (Circle as applicable)

If not, who is the owner?

Description and size of suitcase in which missing/damaged goods were carried

Full details of articles claimed	Name and address from whom goods were purchased	Date of Purchase	Purchase price	Deduction for depreciation	Amount claimed

The following items must be included with this claim

1. Report or letter from Authority to which loss or damage was reported (e.g. Police, airline)
2. Proof of purchase of lost goods (e.g. receipts, credit card vouchers, etc.) Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the supporting documentation please advise the reason.

OTHER CLAIMS (eg Medical Claims)

Please provide a full description of the circumstances including dates and amounts claimed

The following items must be included with this claim

1. Original receipts and/or tickets relating to expenses incurred.
2. Evidence of refund available from Carrier, Travel Agent, Tour Operator, Health Insurance Fund
3. Proof of cause, e.g. Original doctor's certificate relating to injured or sick person or letter from Carrier evidencing to cancellation, curtailment or diversion of scheduled public transport.
4. If claim arose as a result of injury or sickness to a relative or person, other than the traveller, the relationship of such relative or person to the traveller and his/her name, address and age.
5. Name and address of patient's normal doctor.

Note we may request Further information and/or documentation.

Space for Additional Comments

Information Authority and Warranty

I, _____ hereby authorise any hospital, physician or other person who has attended me, or my employer, my accountant or insurer to which a claim has been submitted, to furnish American Home Assurance Company or its representatives with:-

- i. All copy hospital and medical reports/notes;
- ii. All copy employment records and tax returns; and
- iii. All information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment), employment history, income tax returns or claims history.

I agree that a photocopy of this authorisation shall be considered as effective and valid as the original and specifically authorise its use as such.

I declare and warrant that the foregoing particulars are correct in every detail and acknowledge that American Home Assurance Company relies upon the truthfulness of the particulars supplied by me in respect of the claim.

Signed _____ Date _____

Please return the completed form to:

AIG
549 St. Kilda Road, Vic. 3004.
GPO Box 4363, Melbourne 3001.
Tel 03-9522 4621
Fax 03-9522 4974
Email: austclaim@aig.com

Check List

**Your contact details on the form for both overseas and Australia
(Full Name, Phone Number, Fax Number, Email address , Mailing Address)**

Attach copy of your Student / staff ID card

Proof of travel on UTS authorised business/study (eg copy of authorised travel form, copy of Certificate of Currency, or memo from the faculty/division)

**All receipts/invoices and any other supporting document(s) for the amount claimed.
If no receipts/invoices are available please attach warranty papers, product details,
operation manual, credit card statements etc)**

NOTE: Please keep copies of all forms and documents before sending it to AIG (American Home Assurance Company) for your records.