

You must register any claim within 30 days of completion of your travel. Please supply original documents of the evidence you intend to rely on for your claim, and send by registered post to ensure delivery.

Claimant Details		Claim Reference (if known)	
Title (Mr / Mrs etc)	First Name	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nationality	Occupation		
<input type="text"/>	<input type="text"/>		
Home Address		Home Phone	<input type="text"/>
<input type="text"/>		Work Phone	<input type="text"/>
State	Postcode	Mobile	<input type="text"/>
<input type="text"/>	<input type="text"/>	Email	<input type="text"/>

Policy Details			
Policy Number	<input type="text"/>	Date Issued	<input type="text"/> / <input type="text"/> / <input type="text"/>
Independent Travel Arrangements:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, provide the following*:
*Travel Agent and Branch	<input type="text"/>		
*Tour Operator	<input type="text"/>		
Date of Booking	Departure Date	Return Date	Total Days
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Country	Resort / Town		
<input type="text"/>	<input type="text"/>		

GST (for domestic policy claims only)	
Are you registered for GST and did you claim a GST input tax credit on your premium?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your input tax credit entitlement percentage: <input type="text"/> (i.e. a full entitlement is 100%)

**It is against the law to submit a fraudulent insurance claim. If your claim is found to be fraudulent, the claim will be declined and Insurers will pursue recovery through the use of legal action.**

- I / We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my / our knowledge and belief. I / We have not omitted any material information, which would affect the Underwriters judgement of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that Auto & General Insurance Company Limited will not accept responsibility if any payments are not distributed proportionately to the persons concerned.
- I / We understand that the information on this form will be passed to or used by Auto & General Insurance Company Limited for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other insurers. This includes access to my previous claims with other insurers.
- I / We assign all rights to Auto & General Insurance Company Limited and consent to them seeking reimbursement of any medical expenses paid by them.

**Privacy Statement**

The personal and sensitive information collected in this form, and other information you or third parties provide in connection with this claim will be held, used and disclosed by us to process this claim, compile and analyse data, and resolve claim disputes.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health providers, investigators, our specialist advisors, service providers, or as required by law. Your personal information may also be disclosed to third parties in the countries and regions nominated under your policy, or any other regions where you may require assistance. For further information please see our privacy policy or email us at [travelhelp@budgetdirect.com.au](mailto:travelhelp@budgetdirect.com.au).

I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimant's Name	Signature	Date of Birth	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Claimant's Name	Signature	Date of Birth	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Rental Details**

Rental company name

Address

Phone

Rental car make (e.g Ford)  Model (e.g Falcon)

Rental start date  /  /  Rental return date  /  /

Is your rental vehicle in the list of excluded vehicles (see point number 2 in the General Exclusions of Section H): **Yes**  **No**   
 If yes, unfortunately you can not make a claim under Section H. If no, please proceed

Did you take out the Collision Damage Waiver (see point number 3 in the General Exclusions of Section H): **Yes**  **No**   
 If no, unfortunately you can not make a claim under Section H. If yes, please proceed

Drivers Licence Number  State of issue  Expiry  /  /

Class (e.g car, truck)  Any restrictions

**Details of Incident**

**Enclosed Documents Checklist - SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS**

- Original Rental Agreement
- Original Receipts and accounts for all expenses incurred
- Original bills and invoices
- Details of any other insurance
- Copy of your driver's licence

**Bank Details**

Should Auto & General Insurance Company Limited need to reimburse you we require your bank details.

Name of Account Holder

BSB  Account Number