

Making a claim with TID

Before you start

In order for us to process your claim quickly it's important that you complete all the relevant sections of this form with as much detail as you can. If you do not have enough room please attach additional information on a separate sheet.

You'll find it easier if you first get all your supporting documents together. You can find a full list of all the documents we will need on page 3. Use these documents to complete all relevant sections of the form.

TID claims are handled by the dedicated claims team at Cerberus Special Risks.

What you need to complete:

Step 1 and 2:

These are all about you, your trip and what happened to cause you to need to make a claim.

Step 3:

This is a checklist to help you collate all your supporting documents.

Step 4:

This section is divided into specific sections relevant to different claim types. You only need to complete section(s) applicable to your claim.

Step 5:

Your bank details so we can transfer any cash payments for your claim directly.

Step 6:

The final part is the declaration form, you'll need to sign this in order for us to assess your claim.

Where to send the completed form

Check your form thoroughly and make a copy of everything before you send it to us. Please send us the originals and keep a copy for your records.

Postal Address:

Travel Claims Department
Po Box A975,
Sydney NSW 1235
Australia

Email: claims@tid.co.nz

Fax: +61 2 8263 0444

Step 1: You & your policy

Your Policy

1. Certificate of Insurance / Policy Number:

2. Did you contact Emergency Assistance (Specialty Assist)?

No → Go to Question 3

Yes → Give details below

Please enter your assistance reference number:

Your Details:

3. First Name:

4. Last Name:

5. Date of birth:

 / /

6. Preferred contact number:

7. Email Address

8. Address:

State/Region:

Postcode:

9. Preferred Method of Contact:

Email Phone Mail

Step 3. Getting your paperwork together

To settle your claim we are going to need documents and evidence from your travels. The following checklist will help you assemble the documents required to support your claim. You may find it helpful to tick the boxes once you have completed each appropriate section. Please note we cannot accept claims that are incomplete.

We cannot process your claim without the original documents. If you have misplaced your original documents or require assistance, please contact us on +61 2 8263 0487.

For All Claims We Need Your

- Proof of your travel dates (e.g. eTickets)

Trip Cancellation - Section 1

- Booking conditions showing breakdown of all trip costs
- Documents confirming refunds provided by travel agency, tour company, airline etc
- Proof of payment for trip (ie. receipts, credit card/bank statements showing payments made)
- Completed Medical or Death Certificate (where cancellation due to medical reasons)
- Letter from Transport Provider explaining the circumstances of the cancellation/refund/compensation
- Airline tickets if not refundable

Loss of Reward Points - Section 1

- Original airline ticket including cost and points used on the booking
- Reward statement showing total points used, any points charged as cancellation and any refund of points

Additional Expenses - Section 2

- Receipts or other evidence of expenses paid by you
- Evidence from the provider (Airline, Hotel, Bus company) explaining the circumstances of the expenses
- Booking invoice showing original pre-paid arrangements

Delayed Luggage - Section 3

- Property Irregularity Report (PIR)
- Written confirmation from the carrier of when your luggage was returned to you and compensation paid
- Original receipts for essential items purchased
- Boarding pass & baggage tags from the carrier who caused your luggage to be delayed

Lost, Stolen or Damaged Luggage & Personal Effects - Section 4

- Proof of ownership of all items
- Repair quotes for damaged items
- Loss report from police or relevant authority
- Original receipts for replacement items
- Property Irregularity Report (PIR)
- Boarding pass & baggage tags from the carrier
- ATM, bank, credit card statement or currency conversion slips showing withdrawal of funds
- Police report made within 24 hours of loss

Replacement of Travel Documents - Section 5

- Receipts or invoice of original travel documents
- Receipts relating to the replacement of travel documents

Rental Vehicle Insurance Excess - Section 6

- Rental vehicle agreement showing the excess you are liable for
- Receipts for excess payment
- Credit card statement showing payment of the excess
- Copy of repair quote/account
- Copy of rental vehicle accident/incident report

Resumption of Trip - Section 7

- Original trip booking invoice itemising breakdown of costs for both original and new booking
- Original and new itinerary
- Copy of return ticket used and unused
- Booking conditions that applied to original trip
- Cancellation fees that would have applied had the original trip been cancelled in full
- Invoice and receipt for new ticket purchase to resume journey
- Medical or death certificate of relative who caused return to Australia

Medical and Dental Expenses - Section 8

- Original medical/dental receipts
- Treating doctors report
- Hospital admission & discharge reports where relevant
- Letter from dentist with details of emergency treatment provided

Loss of Income (Due to Injury Overseas)

- Doctors report detailing period unfit to work
- Centrelink advice of payment if you have an entitlement
- Written confirmation from your employer of the date you were scheduled to return to work
- Pay slips for the 6 months prior to the departure of your trip (to allow us to confirm your average pay)

Step 4: What are you claiming for?

This form is divided into specific sections relevant to different claim types. Please complete only the section(s) applicable to your claim. Specific documents will also be required to support your claim, the Checklist on page 3 will help guide you.

Information about your trip

1. When was your first booking?

DD / MM / YYYY

2. When was the first payment for your trip?

DD / MM / YYYY

3. When was the last payment for your trip?

DD / MM / YYYY

4. Did you purchase any of your travel arrangements on your credit card?

- No ➔ Go to Question 5
- Yes ➔ Give details

Credit Card Provider: (eg National Australia Bank)

Card Type:

- Visa
- Mastercard
- Amex
- Other

Card Level:

- Standard
- Gold
- Platinum
- Other

If other please specify in the box below:

5. Were you travelling for:

- Holiday
- Business

Section 1: Trip Cancellation

1. Are you claiming for:

- Cancellation
- Changes or postponement costs
- Loss of reward points

2. Name of person causing the trip to be cancelled:

3. Their Date of Birth

DD / MM / YYYY

4. Relationship to you

5. Name of all people whose arrangements have been cancelled/affected.

6. Date Agent/Airline Notified

DD / MM / YYYY

7. Total Amount Paid for Your Trip (Excluding Insurance)

\$ [] [] [] [] . [] []

Total Amount Refunded to You

\$ [] [] [] [] . [] []

Amount of Claim

\$ [] [] [] [] . [] []

8. Was the cancellation/postponement/change due to an illness, injury or death?

- No ➔ Go to Question 9
- Yes ➔ Complete questions 9 - 15 then go to Section 9 on Page 9

Loss of Reward Points

9. Total amount of points used to purchase air ticket:

[] [] [] [] [] [] [] [] [] []

10. Did you pay any additional amount towards this air ticket?

- Yes
- No

\$ [] [] [] [] . [] []

11. Total amount of points refunded:

[] [] [] [] [] [] [] [] [] []

12. Total amount of points lost:

[] [] [] [] [] [] [] [] [] []

5. Please provide a list of the essential items purchased:

Name of item purchased	Place of Purchase	Date of Expense	Amount Claimed					Currency		
Disposable Razors		DD/MM/YYYY			2	8	.	9	5	AUD

Section 4: Lost, Stolen or Damaged Luggage & Personal Effects Claim

Your luggage includes your clothing and other personal belongings. It also includes passports, visas, tickets and other documents.

1. Are you claiming for:

- Loss Theft Damage

2. Date and time Loss/Theft/Damage was discovered:

DD / MM / YYYY HH : MM AM/PM

3. Who was it reported to?

- Police Airline/Carrier Tour Guide
 Hotel Management Other

If other please give details below:

4. Name of Police Officer or Relevant Authority:

5. Job Title/Position:

6. Location:

7. Report Number:

8. Date Reported:

DD / MM / YYYY HH : MM AM/PM

9. Can this be claimed against your household insurance policy?

- No ➔ Go to Question 10
 Yes ➔ Give details below

Name of Insurer:

Policy Number:

Amount Paid by Insurer:

\$ _____ . _____

10. If you are claiming for spectacles, dentures, or a hearing aid, are these items claimable against your private health fund?

- No ➔ Go to Question 11
 Yes ➔ Give details below

Name of Fund:

Member Number:

Amount Paid by Health Insurer:

\$ _____ . _____

Please note that if your luggage is delayed, lost or damaged while in the care of the carrier, they may have a responsibility to compensate you. It is therefore essential that you first claim compensation from the carrier and obtain and provide us with written confirmation of their response to your claim.

11. List all items you wish to claim for. (Refer to section 5 for Replacement of Travel Documents).

Details of Expense	Place of Purchase	Date of Purchase	Purchase Price						Currency	
Cannon X1 Digital Camera	DigiCameras	DD/MM/YYYY		5	4	9	.	9	5	AUD
							.			
							.			
							.			
							.			
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Section 5: Replacement of Travel Documents

1. List all items you wish to claim for.

Replacement Documents	Date Replaced	Replacement Cost (in Foreign Currency)						Currency	
Passport, visa	DD/MM/YYYY		7	8	5	.	0	0	GBP
						.			
						.			
						.			
						.			

Section 6: Rental Vehicle Insurance Excess Claim

1. Type of Vehicle:

- Car Campervan Minibus

Currency:

2. Name of Vehicle Hire Company:

6. Actual Repair Costs:

 .

3. Name of Person Driving the Vehicle

7. Amount You Are Claiming:

 .

4. Their Date of Birth:

 / /

8. Currency:

5. Rental Vehicle Excess:

 .

Section 7: Resumption of Trip Claim

1. List of arrangements cancelled in order to return home:

Cancellation fees	Date of Expenses from:	Date of Expenses to:	Amount						Currency	
Hotel Ibis	DD/MM/YYYY	DD/MM/YYYY		1	4	9	.	9	5	EUR
							.			
							.			
							.			
							.			

2. List of arrangements booked to resume your trip:

Additional Expenses	Date of Expenses from:	Date of Expenses to:	Amount						Currency	
Air Asia Economy Class Ticket	DD/MM/YYYY	DD/MM/YYYY	1	2	4	9	.	4	5	AUD
							.			
							.			
							.			
							.			

Section 8: Medical and Dental Expenses Claim

1. Name of Ill/Injured Person:

2. Their Date of Birth:

 / /

3. Relationship to You

4. Nature of Illness/Injury

5. Date First Occurred

 / /

6. Has the person been treated for this illness/injury or similar before?

Yes No

If YES please give details below:

7. If an injury occurred, was it whilst taking part in a snow sport activity (ie. skiing)?

Yes No

8. Name and Address of Doctor/Dentist who treated illness/injury abroad:

9. Country where Illness/Injury was treated

10. Were they admitted to hospital?

Yes No

Date and Time Admitted:

 / / :

Date and Time Discharged:

 / / :

11. Are you claiming for loss of income due to illness or injury?

Yes No

12. List of Medical Expenses Incurred

Type of Service	Date of Expense	Cost Incurred						Currency	Account Paid	
Consultation	DD/MM/YYYY		7	8	5	.	0	0	GBP	<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No
						.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 9: Details of the person who's illness or injury caused the claim

I **authorise** any hospital, physician or other person who has attended me, to give my travel insurance company or its representative, any, or all information, with respect to any sickness or injury, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. I agree that a photocopy of this authorisation will be considered as effective and valid as the original.

Name of the person who's illness or injury caused the claim

Signature

Their Date of Birth

 / /

Section 10: General Practitioner/Dentist Medical Certificate

This Medical Certificate must be completed at the claimant's expense by the usual doctor (G.P./)dentist of the person whose illness/injury/death caused this claim.

1. Name of Patient

2. Their Date of Birth:

 / /

3. Does he/she usually attend your practice?

No ➔ Go to Question 4

Yes ➔ If so, how long?

4. Do you have access to the patient's medical/clinical records?

Yes No

5. Please provide a precise diagnosis of the illness/injury

6. Date of the onset of the illness or injury

 / /

7. Date on which you were first consulted for symptoms of illness/injury

 / /

8. Did you refer your patient to a specialist?

No ➔ Go to Question 13

Yes ➔ If so, Give details:

9. Name of Specialist

10. Address of Specialist

11. Date Referred

 / /

12. Date First Attended Specialist

 / /

13. Are you aware of referrals to any other Practitioners/Surgeon/Specialist?

No ➔ Go to Question 14

Yes ➔ If so, please provide details

14. Is the medical condition described caused or exacerbated by, traceable to, or related to any recurring illness or condition?

No ➔ Go to Question 15

Yes ➔ If so, please confirm dates of consultations over the past 12 months

 / /
 / /
 / /

15. Please provide details of all medication that your patient was taking over the past 12 months (regardless of prescribing physician) and the relating condition.

Condition:

Medication:

Condition:

Medication:

Condition:

Medication:

16. Please give details of any chronic disease or illness or any physical defect or infirmity from which he/she suffers

17. Was your patient a member of the travelling party?

No ➔ Go to Question 18

Yes ➔ If so, please confirm dates of consultations over the past 12 months

From: / /

To: / /

18. Did your patient plan to travel against your prior advice?

Yes No

19. Did your patient travel overseas for the purpose of obtaining medical treatment or advice for medical treatment?

No ➤ Go to Question 20

Yes ➤ If so, please provide details

20. Please provide a printout of your patient's history and clinical notes (if applicable)

Doctor's Declaration

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

Name of Doctor/Dentist

Signature

Phone:

Fax:

Doctor's Stamp:

Step 5: Bank Details

If you would you like to have the refund deposited directly into your Australian Bank account please fill out following:

The account nominated must be either a cheque or statement account. Unfortunately we are unable to deposit into a credit card.

Name of Bank:

Branch:

Account Holders Name:

Bank	Branch	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 6: Declaration

Cerberus takes your privacy seriously. We use the information you provide to us to assess your claim and pursue any recovery. We may need to provide that information to other people, for example your insurers and any assessors, health professionals or others that we need to assist us in doing this. If you don't provide us with complete information, we will not be able to properly assess your claim. You can check the information we hold about you at any time.

For more information about how we use your personal information, please refer to the Privacy Notice in the TID Product Disclosure Statement or ask us for a copy of our privacy policy available from www.tid.co.nz.

I/We declare that all information provided is true and correct.

I/We authorise any person or organisation to provide Cerberus or its representative with any information that they may request in relation to this claim. I/ We agree that a photocopy of this authorisation is as effective and valid as the original.

Signature of Claimant:

Name of Claimant:

Date:

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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