



# Corporate Travel Claim Form

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## Important Information

- Please complete all relevant sections of this claim form and provide any supporting documentation to ensure prompt payment of your claim
  - This claim form can be completed electronically. Alternatively you can manually complete this claim form and email it to [claims@agileunderwriting.com](mailto:claims@agileunderwriting.com)
  - We take your privacy very seriously. If you would like to review our Privacy Policy you can call us on 1300 475 092 or email us at [privacy@agileunderwriting.com](mailto:privacy@agileunderwriting.com) or visit our website [www.agileunderwriting.com](http://www.agileunderwriting.com)
  - Refer to the checklist to make sure you have provided all necessary documentation for your claim
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Medical certificate

Medical reports

Hospital admission/discharge documents

Receipts/Invoices

Police report

Flight/travel documents

Completed all relevant sections of this claim form

All original supporting documentation has been provided

You have signed and dated this claim form

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## Policy Details

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Policy Number

Expiry Date

Member Number (if applicable)

Name of Insurance Broker (if applicable)

Name of Insured Company





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# Lost, Stolen or Damaged Baggage and Personal Effects (complete if applicable)

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- If the loss or damage occurred whilst in the care of a carrier (airline, bus company, etc.), the carrier must be notified, and a Property Irregularity Report must be submitted with this claim form
  - Article Details Statement needs to be fully completed and supporting documentation (including receipts, valuation, certificates, credit/debit card statements, photo's etc.) must be submitted with this claim form
  - If an article is damaged beyond economic repair, written confirmation from a competent repairer or dealer must be submitted with this claim form
  - If an article can be repaired, a written estimate for repair (where practical), should be submitted with this claim form
  - Any optical expenses must be first submitted to your health fund (if applicable)
  - Lost/Stolen goods must be reported to the Police and a Police report must be submitted with this claim form
  - **The Warsaw Convention and The Montreal Conventions imposes a liability upon the carrier, and if applicable you should claim against them in the first instance**
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Was the incident reported to the Airline?      Yes      No      N/A

If yes, please provide report / incident number:

Was the incident reported to the Police or any other authority?      Yes      No      N/A

If yes, please provide report / incident number:

If No, please provide explanation:

Were articles lost or damaged by a carrier?      Yes      No

Were all lost or damaged articles your property?      Yes      No

If No, who is the owner?

Have you lodged a claim or complaint against any carrier or other authority or individual responsible for the loss or damage to your property?      Yes      No

If Yes, please provide details and supporting documentation:

If No, please provide an explanation:

If you are claiming for spectacles, dentures and/or hearing aids, are these covered by your private health fund?      Yes      No



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If Yes, please complete the following:

Name of Fund

Membership Number

Amount paid by private health fund

Currency

Was your luggage delayed?    Yes    No

If Yes, please complete the following:

Your arrival date

Time (24-hour clock)

Compensation paid by carrier

Currency

:

Luggage arrival date

Time (24-hour clock)

:

### Article Details Statement

Please provide a full description of the article(s) lost or damaged and specific details of the damage where applicable. Please provide any relevant supporting documentation (receipts, valuation, certificates, photo's, credit/debit card statements, etc.) with your claim. **Attach separate sheet if insufficient room.**

Description of article(s) and details of damage if applicable	Original price of article (\$AUD)	Date / place of purchase	Has item been replaced Y/N	Amount being claimed (\$AUD)



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## Additional and/or Forfeited Expenses (complete if applicable)

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- Please only complete this section if the event occurred after the commencement of the trip
- Only original accounts and/or receipts for accommodation and transport costs will be accepted
- If claiming for additional expenses, either a Medical Certificate or the Medical Certificate located in this claim form, from the doctor or specialist who treated you must be provided to support any change of travel plans due to an accident, sickness or death

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If you are claiming for additional expenses, what were your original travel plans including your transport and accommodation and how were they changed?

Date of Expense	Additional transport and/or accommodation expenses (please provide full details)	Amount being claimed (\$AUD)





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## Hire Car Expenses (complete if applicable)

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- A copy of the hire vehicle agreement must be submitted with this claim form
- Please ensure that any damage report and/or repair invoice is submitted with this claim form

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What vehicle did you hire?      Car      Van      Truck      Other

Name of vehicle hire company

Drivers full name      Valid driver's licence      Yes      No

Rental vehicle excess    Currency    Actual repair cost    Currency    Amount you are claiming    Currency

Details of incident:

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## Loss of Deposits / Cancellation Expenses (complete if applicable)

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- If you are claiming trip cancellation which occurred prior to your departure, as a result of injury, sickness or death, you must either provide a Medical Certificate or the Medical Certificate located in this claim form, from the doctor or specialist who treated the person whose state of health resulted in the claim
- We reserve the right to obtain medical history/details of the claimant, or the person whose accident, sickness or accidental death necessitates the curtailment of the journey
- Supporting documentation from the carrier/travel provider, showing any cancellation charges must be submitted with this claim form

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Date travel arrangements booked

Date of cancellation

Please provide the reason for cancellation:

If cancellation is due to accident, sickness or death, please provide the persons details. If cancellation is due to a death, please submit death certificate with this claim form:

Title    Given Name(s)      Family Name      Relationship of person to claimant





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Amount Paid    Currency    Amount Refunded    Currency    Amount Claiming    Currency

If there is no refund, please state the reason why (you must obtain all refunds possible):

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## Declaration

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### **Privacy Declaration**

I/We agree that, by submitting this claim form, the personal information I/we provide to Agile in this claim form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy, including for the processing of this claim.

### **Declaration**

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

### **Authority**

I/We authorise any hospital and/or physician who has treated me to provide us with copies of medical records or of my past medical history, as requested.

Name of Contact Person

Signature of Contact Person

Date

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If the Medical Certificate section below is not required and once claim form is fully complete, please click submit and remember to include any supporting documentation.



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# Medical Certificate

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## Patients Details

Title      Given Name(s)                      Family Name                      Date of Birth

Are you his/her usual medical attendant?      Yes      No

If Yes, for how long?              Days              Months              Years

Please provide details with respect to the injury or sickness:

Start date of injury or sickness

State the date on which you were first consulted  
in relation to the condition described above

In your opinion, how long has the condition been present  
prior to consultation              Days              Months              Years

Are you able to determine, that solely based on the condition as describe above, your patient (the claimant)  
was compelled to cancel the travel arrangements?      Yes      No

What treatment, if any, has your patient (the claimant) previously received for this or any other related  
condition, and when was treatment received?

Is he/she suffering from any chronic disease or sickness or from any physical defect or infirmity?

If the claim is as a result of death, in your opinion, was it sudden and unexpected? (If yes, please provide details)



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Print Name

Qualification

Address (please include suburb, state and postcode)

Email Address

Contact Number

Date

Signature

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Once claim form and/or medical certificate are fully complete, please click submit and remember to include any supporting documentation.