

**TO AVOID ANY DELAY IN PROCESSING YOUR CLAIM, PLEASE ITEMISE EACH ACCOUNT/RECEIPT AND ATTACH ALL DOCUMENTATION REQUIRED, IE. ACCOUNTS/RECEIPTS. IF TREATMENT IS AS A RESULT OF A DOCTOR'S REFERRAL, PLEASE ENCLOSE REFERRAL NOTE.**

Date of Accident/ Commencement of Illness AND Date Expense was incurred	Is this the first account relating to this Injury/Illness? YES/NO	Type of Injury or Illness – Please be specific	Treatment Received	Services Provided by	Amount Claimed & Currency if other than AU\$	OFFICE USE ONLY	
						Deductions	Refund Due AU\$
TOTAL REFUND DUE							\$

## EXPATRIATE / INBOUND MEDICAL EXPENSES CLAIM FORM

Claim Number : \_\_\_\_\_ POLICY NO / NAME : \_\_\_\_\_

**IMPORTANT: PLEASE READ BEFORE YOU COMPLETE THIS FORM**

- PLEASE ANSWER ALL QUESTIONS AND PROVIDE ALL RELEVANT DOCUMENTATION TO AVOID DELAYS WITH YOUR CLAIM.  
*We are unable to process any claims until all information requested on this form is provided.*
- The issue of this form is not an admission of liability by Accident & Health International Underwriting Pty Limited.

Name of Claimant

Surname

Given Names

Date of Birth

/ /

Postal Address

Suburb

State

Country

Postcode

Telephone Numbers

Home

Business

Email Address:

Please tick preferred form of payment for refund

Cheque

Direct Payment

If you selected cheque please nominate payee

If you have selected Direct payment please supply the following information (alternatively please supply a deposit slip noting the following information):

Bank

Account Holder Name

Branch Number (BSB)

Account Number

If any of the costs over page relate to an Injury or serious illness, give full details of Accident, or diagnosis, prognosis and planned treatment

Did or will the Illness or Injury result in you being hospitalised?

Yes

No

If Yes, please give details

### Dispute Resolution Statement

Accident & Health International Underwriting Pty Ltd is an agent for Allianz Australia Insurance Limited who is a signatory to the General Insurance Code of Practice developed by the Insurance Council of Australia. If you have a dispute and after talking to Accident & Health International Underwriting Pty Ltd staff you are still dissatisfied and you wish to take the matter further we have a Complaints and Dispute Resolution Procedure which undertakes to provide an answer to your concerns within fifteen (15) working days. If you are not satisfied with our dispute resolution process, we will advise you on how to contact the insurance industry's external independent complaints scheme. Access to the Dispute Resolution scheme is free of charge to you.

#### Privacy:

The Privacy Act 1988 requires us to tell you that on behalf of the Insurer we collect your personal information and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims we may have to disclose or request your personal and other information to and from third parties such as other insurers, reinsurers, loss adjusters, medical attendants, external claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), or other parties as required by law. You have the right to seek access to your personal information and to correct it at any time. Please contact Accident & Health and advise us of the changes.

#### 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.

I/We acknowledge that I/We have read and understood the Privacy Act 1998 information referred to above and consent to the collection, storage and use and disclosure of personal and sensitive information of all persons affected by this claim, with their consent. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information then Accident & Health will be unable to process my/our claim.

Signature of Claimant

Date