



# Claim Form

## So we can process your claim:

It's important that you complete **ALL** 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 form. **Send the completed form** to: [claims@avinsurance.com.au](mailto:claims@avinsurance.com.au) and attach all invoices relating to the claim.

## 1. Your Details

Employer	Employee ID	Nationality
Given Name/s		Surname
Daytime phone number		Date of Birth
Email Address		
Postal Address		
Suburb	State	Post Code

## 2. Details of your Claim

Provide an exact description of the events that caused you to make this claim, or the medical condition treated.

<i>E.g. Stomach pains needed a scan.</i>
<i>OR cold / flu symptoms needed medication</i>

Date you **first** became aware of the condition:

DD / MM / YYYY

Where you **first** become aware of the condition?

Town / Country

Was ambulance transport required for treatment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did the injury/illness occur as a result of your work duties?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have the attached bills / invoices been paid?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## Declaration

Australian Visa Insurance Pty Ltd (AVI) collects personal information to assess and pay a claim under a policy, including sensitive information such as health information. 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 processing your claim. 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.

By signing this form you declare that:

- All the information provided is true and correct.
- You authorise any hospital, physician or other person who has attended or examined me to furnish AVI and/or QBE Insurance (Australia) Limited and/or 360 Accident & Health Pty Ltd (360 A&H) any and all information with respect to any medical condition for which I have claimed expenses.
- A photocopy and/or email of this authorisation is as effective and valid as the original.

Signature of Claimant

Date

Need some help?

Call 1300 936 661

Email [claims@avinsurance.com.au](mailto:claims@avinsurance.com.au)

Web: [avinsurance.com.au](http://avinsurance.com.au)