



Overseas Medical Expenses Insurance Claim form



PLEASE ENSURE:

- You have fully completed every question on this form. Failure to do so will result in delay in handling your claim;
- You have enclosed all itemised invoices;
- You have signed this claim form;
- **All Medical Accounts are submitted with this form.**

CLAIMANT DETAILS

1. Name of Insured:
2. Policy Number:
3. Country of Assignment: Inception Date of Assignment:
4. Full Name of Employee: Date of Birth:
5. Occupation/Trade or Profession:
6. Duties Undertaken:
7. Nationality:
8. Full Address of Employee (Overseas Address):

9. Employers Name:
10. Contact details:
Business Phone: Home Phone:
Business Mobile: Mobile:
Email:

CLAIM LODGEMENT DETAILS

11. **PLEASE FORWARD CLAIM DETAILS USING ONE OF THE FOLLOWING LODGEMENT PROCESSES:
(Please keep a copy of all documents sent to Proclaim)**

Email Address: ahclaims@proclaim.com.au

Fax No: 1300 858 329

Or by Postal Address:

Proclaim Pty Ltd
Locked Bag 32012
Collins Street East
VIC 8003

Phone Number: Claim specific inquiries – Once the claim form has been completed, sent and received by Proclaim claim, inquiries can be made to Proclaim on +61 (2) 92871320.

Policy and Coverage queries should first be directed to your Insurance Broker.

PRIVACY STATEMENT

Proclaim are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and those we appoint to assist us with the claim. We will not trade, rent or sell your information. If you do not provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. For more information about our Privacy Policy, please refer to: <https://proclaim.com.au/proclaim-privacy-policy/>

DECLARATION AND AUTHORISATION COMPLETE FOR ALL CLAIMS

I declare that the information on this form and any documents attached to it, is correct and complete and that I have not withheld any information that could affect this claim.

I authorise any hospital, physician or other person who has attended me to furnish the claims manager Proclaim Pty Ltd or its representatives any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, or treatment, copies of all hospital or medical reports. I agree that a Photocopy of this authorisation shall be considered as effective as the original.

Signed:

Date:

Name: