

Privacy Act Authorisation and Declaration

Declaration

Your claim form must be completed accurately and truthfully. Failure to do so may result in your claim being declined and/or your policy being cancelled. Southern Cross Travel Insurance (SCTI) reserves the right to investigate the details and circumstances of any claim made.

By submitting this claim, **you declare that:**

- All information supplied in this claim submission and in connection with this claim is complete, true and accurate.
- You are authorised by each person named in this claim submission, to complete and sign on their behalf.
- This claim is made in accordance with your policy documents.
- If you are claiming for lost / stolen / damaged property:
 - Do you have contents insurance with a general insurer? **Yes / No**
 - If **Yes**, which company? _____ **Policy Number:** _____
- Is any part of the amount claimed been paid or covered by another party such as under another insurance policy? **Yes / No**
- Have you ever had a claim declined or policy cancelled for fraud, misstatement or non-cooperation? **Yes / No**
- Have you been charged with or convicted of any criminal offence? **Yes / No**
If yes, give full details please _____

You understand that:

- Willful or reckless exaggeration or inflation of the claim will forfeit the claim and may result in prosecution.
- If we pay your claim in relation to property, and that property is subsequently recovered, you will notify SCTI immediately and return the property to SCTI or refund to SCTI the value of the recovered items.

Privacy Act authorisations

In the claim form, SCTI collects personal and health information about each person named in this claim submission, for the purposes set out in the SCTI Privacy Statement, including evaluation of your claim and preventing, detecting and investigating fraud.

If you fail to provide the information requested, we may not be able to process your claim. SCTI may collect information about you from the main policy holder (when you are not the main policy holder). If you are the main policy holder, you are responsible for making any other people insured under your policy aware:

- that you are disclosing their information to us for the purposes set out above,
- and of the terms of our Privacy Statement.

Each person named in this claim submission or policy has the right to access and request the correction of their information in accordance with the Privacy Act. The full Southern Cross Travel Insurance Privacy Statement is available online at www.scti.com.au/privacy.

You authorise:

- SCTI to collect from and disclose to any person or organisation (including without limitation, medical practitioners, healthcare service providers, and other insurers), any further information reasonably required to consider eligibility for cover, evaluate and investigate the claim (including after claim payment), detect fraud, and you authorise those persons or organisations to disclose such information to SCTI as is reasonably necessary.

Please complete the following:

Your full name: _____

Policy number: _____ **Claim number:** _____

Signature: _____ / _____ / _____
Day Month Year

Please send this form to us by email at claims@scti.com.au. Please reference your claim and policy numbers in the subject line of your email and on any receipts or documents you send us.