Hollard Travel Insurance: Travel Claims Medical Authority Form

Complete this form if your claim is due to an accident, illness, disability or death.

The form must be completed by the patient (injured, ill or disabled person) whose illness or injury resulted in this claim or Executor of the Estate in the event of a death.

☐ I authorise Hollard Insurance or its representatives to obtain from any person or organisation any information regarding treatment for the condition(s) which resulted in this claim. I acknowledge that a photocopy of this authorisation shall be considered as valid as the original.

Policy Number:

Claim Number:

Patient's Full Name:

Patient's Date of Birth:

Patient's Signature:

Executor of the Estates Full Name (if applicable):

Executor of the Estates Signature (if applicable):

Name of Patient's Usual Doctor/Dentist in Australia:

Doctor/Dentist's Phone Number:

Doctor/Dentist's Fax Number:

Doctor/Dentist's Email Address:

Doctor/Dentist's Postal or Practice Address:

Suburb: State: Postcode:

Please return completed form to Hollard Travel Claims

Email Address travelclaims@hollard.com.au
Phone Number +61 2 8883 7801
Postal Address Hollard Travel Insurance Claims
Locked Bag 2010
St Leonards NSW 1590