



BERKSHIRE HATHAWAY SPECIALTY INSURANCE

Accident & Health

EXPATRIATE & INPATRIATE INSURANCE CLAIM FORM

NOTIFICATION OF A CLAIM OR CIRCUMSTANCE THAT MAY GIVE RISE TO A CLAIM

YOUR INFORMATION

Policy Number:

Policyholder Name: _____

Your Full Name: _____

Full Address: _____ Country of Posting: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Marital Status: _____ Number of Covered Dependents: _____

Telephone Mobile: _____ Telephone Work: _____

Email Address: _____

Country of Expatriation (if applicable): _____

Policyholder Address: _____ Policyholder Telephone Number: _____

Are there costs incurred in your home country? ☐ Yes ☐ No

If so please provide us with the travel dates of each family member to and from your home country:

AUTHORITY TO GIVE INFORMATION

I/we hereby authorise any doctor or medical attendant who has treated me or examined me or any person or firm who employs or has employed me to give the insurer such information as it may require regarding any injury or illness to me or my physical or mental condition or prognosis, or my employment, to assist in the proof and settlement of my claim. A photocopy of this authority can be acted upon as if it were original.

Signature: _____ Date: _____



BERKSHIRE HATHAWAY SPECIALTY INSURANCE

	Date Expense Incurred	Description of Injury/Illness	Name & Relationship	Country	Treatment Received	Service Provided By	Amount Claimed	Currency	Has an expense relating to this injury or illness been paid previously?
<i>e.g.</i>	<i>01/04/2016</i>	<i>Broken Toe</i>	<i>Macy/Daughter</i>	<i>England</i>	<i>Outpatient Doctor</i>	<i>Dr. Julie Frost</i>	<i>\$220</i>	<i>AUD</i>	<i>No</i>
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IMPORTANT NOTES ON CLAIMING - IN ORDER TO RECEIVE PAYMENT, YOU MUST:

1. Complete all sections of this claim form (including signing and dating the form).
2. Provide original itemised receipts written in English or with an English translation provided (credit card slips are not sufficient).
3. Itemised receipts must show all services separately, e.g. medical and pharmacy amounts shown separately.
4. All family members are to be included on the one form.

IMPORTANT DECLARATION FOR ANY TREATMENT/EXPENSE INCURRED IN AUSTRALIA:

Please note, under the Health Insurance Act s128a, fines apply for false or misleading information.

Are you entitled to claim Medicare Benefits:

As an Australian Citizen?

☐ Yes ☐ No

As a result of being granted or applying for permanent residency?

☐ Yes ☐ No

Under a Reciprocal Health Agreement?

☐ Yes ☐ No

Medicare Care Number: _____

Expiry Date: _____

Do you have Private Health Insurance?

☐ Yes ☐ No

ELECTRONIC FUNDS TRANSFER (EFT) DETAILS:

Following approval of your claim, should you wish to have your claim transferred directly into your bank account, please provide the following details:

Name of Financial Institution: _____

Account Name: _____

BSB: _____ Account Number: _____

Bank Swift Code (International Payments): _____

Account Number (International Payments): _____

Bank Name (International Payments): _____

Bank Account Currency (International Payments): _____

Bank Address (International Payments): _____

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.

Signature: _____ Date: _____

Email: ClaimsNoticeAustralia@bhspecialty.com

Mail: Berkshire Hathaway Specialty Insurance
GPO Box 650
Sydney NSW 2001

About Us

We are Berkshire Hathaway Specialty Insurance Company (ABN 84 600 643 034, AFS Licence No. 466713), authorised by the Australian Prudential Regulation Authority to carry on general insurance business in Australia.

Privacy

We are committed to safeguarding your privacy and the confidentiality of your personal information. We, and entities acting on our behalf, only collect personal information from or about you for the purpose of assessing your application for insurance and administering your insurance policy, including managing and administering any claim made by you. Without your personal information, we may not be able to issue insurance cover, administer your insurance or process your claim.

We will only use your personal information in accordance with the *Privacy Act 1988* (Cth) and for the purposes outlined above.

We may disclose your personal information to third party service providers for the purposes outlined above or where disclosure is permitted by law. These entities may be located in Australia or overseas, including in India, Singapore, Hong Kong, the United Kingdom, New Zealand and the United States of America. Where such disclosure is made, we make all reasonable efforts to ensure that the arrangements we have in place with overseas parties impose appropriate privacy and confidentiality obligations on those parties to ensure that imparted personal information is kept secure and that such information is only used for the purposes noted above.

If you wish to obtain details of the personal information we hold about you (including contacting us to correct or update the personal information we hold about you), or if you have a complaint about a breach of your privacy, please refer to our privacy policy available at <http://www.bhspecialty.com/privacy-policy.html>, or contact our Chief Risk Officer by email to australasia.privacy.compliance@bhspecialty.com.

We reserve the right to refuse access under the grounds permitted by the *Privacy Act 1988* (Cth) and if you are seeking information on another person's behalf, we will require written authorisation from that individual.

Complaints

If you have a complaint or concern about our insurance products or services we provide, please contact your intermediary or your usual BHSI contact.

If you are not satisfied with our response, you may escalate your complaint by contacting complaints.australia@bhspecialty.com. Our internal dispute resolution process is free of charge and we will aim to respond to your escalated complaint within fifteen (15) business days.