V-INSURANCE GROUP

Office use only
Policy Number: BLBTA011928
Claim Number: _____

TRAVEL INSURANCE CLAIM FORM

Completed claim forms must be sent to;

V-Insurance Group
Level 17, Angel Place,
123 Pitt Street, Sydney NSW 2000
Phone +61 2 8599 8660 or 1300 172 321
Fax +61 2 8599 8661
Email sports@vinsurancegroup.com

V-INSURANCE GROUP

INSURANCE BROKER FOR SWIMMING AUSTRALIA;
Authorised Representative No. 432898 a corporate
authorised representative of MGA Insurance Brokers AFSL: 244601

WATERSKI AND WAKE BOARD AUSTRALIA
SUMMARY OF INSURANCE COVER

This policy covers **authorised** annual members, officials, accredited coaches, employees and volunteers whilst engaged in authorised travel*.
*Authorised travel means approved by Waterski and Wakeboard Australia

Overseas Medical Expenses and Evacuation

If whilst on a Journey (outside of Australia), an Insured Person suffers an Injury or Sickness, the Insurer will pay for Medical Evacuation Expenses and Medical and Other Expenses, for a period of up to 24 months from the date of the Injury or manifestation of the Sickness, up to an unlimited amount.

Lost / damaged / stolen Baggage and Personal Effects

Reimburses up to $10,000 for any one item and $20,000 for all baggage combined if it is damaged, lost or stolen whilst in transit. Please note Money and Travel Documents is sublimited to a maximum of $5,000, while Portable Electronic Equipment (e.g. phones and laptops) is also sublimited to $5,000 and also has a $250 excess that would be deducted from the total claim settlement.

Deprivation of Baggage

If whilst on a Journey, an Insured Person's accompanying Personal Baggage is delayed, misdirected or temporarily misplaced by any transport carrier for more than 8 consecutive hours, the Insurer will pay reasonable expenses incurred by an Insured Person up to $3,000 for the emergency replacement of essential clothing and toiletries.

Travel Disruption - Loss of Deposits, Cancellation & Curtailment

If whilst on or prior to the commencement of a Journey, the Insured person necessarily incurs loss of travel and associated accommodation expenses or reasonable additional travel or accommodation expenses, or incurs loss of pre-paid travel and accommodation expenses, following necessary alteration, curtailment or cancellation of the Insured Person's Journey as a result of:

1. the Insured Person's unexpected death or Injury or Sickness which results in the Insured Person being certified by a Doctor as unfit to continue the Journey;
2. the unexpected death, Serious Injury or Serious Sickness of an Insured Person's Close Relative, travelling companion or business associate;
3. the Insured Person's residence or business suffering major loss or damage;
4. strikes, riot, hijacking, civil commotion, flood, natural disaster or adverse weather conditions;
5. any other unforeseen circumstance outside the control of the Insured or the Insured Person, not otherwise excluded under the Policy;

The Insurer will reimburse the Insured Person for the non-refundable, unused portion of travel and accommodation expenses or pay reasonable incurred additional travel or accommodation expenses.

Rental Vehicle Excess Waiver

If whilst on a Journey, an Insured Person becomes legally liable to pay a Rental Vehicle Excess in respect to loss or damage to a Rental Vehicle or a personal motor vehicle used for business purposes, the Insurer will reimburse the Insured Person up to $10,000.

Important Notes

This insurance cover is underwritten by: Blend Insurance

1. This summary of cover provides factual information about the Waterski and Wakeboard Australia insurance program.
2. This information is only a summary of the cover provided. The policy with full conditions is available by contacting Waterski and Wakeboard Australia or Insurance Group.
3. This insurance program commences on 30 September 2025 and expires on 30 September 2026.
4. Cover under this policy only applies for authorised travel. Please contact Waterski and Wakeboard Australia to find out if your travel is authorised.
5. Waterski and Wakeboard Australiais not and does not represent itself as a registered insurance broker by endorsing the products outlined in this claim form.

Further details on the Waterski and Wakeboard Australia insurance program can be obtained by visiting http://www.vinsurancegroup.com/wawa

HOW TO MAKE A CLAIM

Dear Waterski and Wakeboard Australia member,

Please find attached a claim form. Before lodging this form, please ensure all sections are fully completed as truthfully and accurately as possible. Failure to complete all sections of this form properly may delay settlement of your claim.

1. Only one claim form (per journey) is required. A claim form should be completed and submitted as soon as you become aware that you will be making a claim. You do not have to wait until after you have completed treatment for your injury to lodge your claim form.
2. Please ensure that you fully complete pages 4 & 11 and any sections that are relevant to your claim.
3. Each section details what other supporting documentation is required to escalate your claim. Please attach all relevant invoices/receipts/photos with your claim form.
4. Once you have completed your claim form, please forward with all relating documentation and receipts to:

V-Insurance Group
Level 17, Angel Place
123 Pitt Street, Sydney NSW 2000

Phone	+61 2 8599 8660 or 1300 172 321
Fax	+61 2 8299 8661
Email	sports@vinsurancegroup.com

5. V-Insurance Group will check that your travel is approved with Waterski and Wakeboard Australia and forward your claim to Proclaim.
6. Reimbursement will be paid to you directly by Proclaim by deposit into your nominated bank account.
7. Once your claim is registered, you can submit ongoing invoices via Proclaim. Proclaim can also be reached on the ahclaims@proclaims.com or 02 8256 1770 should you wish to make enquiries relating to the progress of your claim.
8. If you have any further queries relating to your claim or the cover, please do not hesitate to call the V-Insurance Group Team on: (02) 8599 8660 or 1300 172 321.

V-INSURANCE GROUP

Waterski & Wakeboard AUSTRALIA

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Claim Number: _____

TRAVEL INSURANCE REPORT AND CLAIM FORM

This form must be fully completed in the sections applicable to your claim and signed. Please ensure all supporting information is provided with your claim form otherwise there may be delays in processing.

Please keep a photocopy of all documentation you send us for your own record.

The Privacy Consent section must also be signed for all claims.

The issue of this form is not an admission of liability by the insurer or a waiver of its rights .

SECTION 1 - YOUR DETAILS

ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED

Name :

☐ Male ☐ Female Date of Birth: ☐☐/☐☐/☐☐

Nationality:

Country:

Address:

Work Phone:

Address 2:

Home Phone:

Do you consent to us communicating with you by email? Yes ☐ No ☐

Mobile Phone:

Email Address:

What is your relationship to Water-ski and Wake-board Australia?

Director/Employee/Executive ☐ Accompanying Spouse ☐ Member ☐

Coach / Official / Volunteer ☐

SECTION 2 - BANK DETAILS

PLEASE ENSURE THAT YOUR BANK DETAILS ARE PROVIDED

Bank Details

Bank Name:

Bank Address:

BSB (Branch): Account

Account Number:

Holder's Name:

Swift Code:

IBAN Number:

Currency:

V-INSURANCE GROUP

Waterski & Wakeboard AUSTRALIA

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SECTION 3 -TRAVEL INFORMATION AND AUTHORISATION

Travel Details	**Departure**	**Return**
Proposed dates of travel:	Date: ☐☐/☐☐/☐☐	Date: ☐☐/☐☐/☐☐
Actual dates of Travel:	Date: ☐☐/☐☐/☐☐	Date: ☐☐/☐☐/☐☐

Country or Countries to be Visited:

Type of Travel? (Please select one or more): Air ☐ Sea ☐ Rail ☐ Bus ☐ Hire Car ☐

Reason for Travel including name of event if applicable:

Was your travel a part of a Swim Team(if yes, please provide details above)? Yes ☐ No ☐

Who was your team manager?

Was this matter reported to your team manager? Yes ☐ No ☐

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SECTION 4 - CLAIM FOR LOSS OF PRE-PAID DEPOSITS

Does your claim arise as a result of illness, injury or accident to yourself? Yes ☐ No ☐

Does your claim arise as a result of illness, injury or accident to some other person or relative as defined in the policy? Yes ☐ No ☐

If yes, Name: _____ Address: _____

Relationship: _____ Age: _____

If your claim does not arise as a result of illness, injury or accident, describe the reason for your claim.

_____

Date you advised Travel Agent to cancel bookings: ☐☐/☐☐/☐☐

Has all or part of your travel been paid for? All (If all go to Q.3 below)

1. Amount of deposit paid: _____ Date paid: ☐☐/☐☐/☐☐

2. Balance of full fare not paid: _____ Date paid: ☐☐/☐☐/☐☐

3. Total cost of travel: _____

Value of forfeited portion of journey (if applicable): _____

Refund recevied on cancellation: _____

Full amount of booked travel being claimed: _____

Were any alternative arrangements offered ? Yes ☐ No ☐

If Yes, give details: _____

Did you accept any alternative arrangement? _____

Have you incurred any additional fares? _____

TOTAL AMOUNT BEING CLAIMED (you must specify the currency of your claim if not AUD) _____

The following items must be included with this claim. (Photocopies can be submitted . If originals are submitted keep copies)

Receipts and/or tickets relating to original and any additional expenses incurred
Proof of cause ie. Original Doctor/Hospital certificate relating to injured or sick person or letter relating to cancellation, curtailment or diversion of scheduled public transport

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SECTION 5 - CLAIM FOR PERSONAL ACCIDENT OR ILLNESS

Does your claim arise from an accident, injury or illness while you were travelling? Accident ☐ Illness ☐

Date of accident, injury or onset of illness ☐☐/☐☐/☐☐

Did you contact the insurer's 24 hour assistance when the when the incident occurred? Yes ☐ No ☐

If yes, what date? ☐☐/☐☐/☐☐

If illness - Type of illness, describe:

If injury - Give full details of accident, or injury occurrence:

Describe the treatment received:

Name and address of treating Doctor / Hospital / Clinic:

Date of treatment or treatments: ☐☐/☐☐/☐☐

Country / Countries where you were treated:

Amount or amounts claimed - specify currency:

If illness - have you ever suffered from the same or similiar condition in the past? Yes ☐ No ☐

If Yes, give details, dates, names and addresses of treating physicians:

Are you a member of a private health insurance fund? If applicable all medical accounts must first be lodged with your private health fund. Yes ☐ No ☐ Name of fund:

The following items must be included with this claim. (Photocopies can be submitted . If originals are submitted keep copies)

Original Doctor/Hospital accounts and receipts together with statements from Medicare and Private Health Funds

Original Doctors certificate, any medical, x-ray or test reports

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SECTION 6 - CLAIM FOR LOSS OR DEPRIVATION OF LUGGAGE /PERSONAL EFFECTS / ELECTRONIC EQUIPMENT / MONEY OR DOCUMENTS

Type of claim - Select one or more:

Loss ☐ Deprivation ☐ Damage ☐ Theft ☐

Time and date of the event

☐☐/☐☐/PM ☐☐:☐☐ ☐☐/☐☐/☐☐☐☐

Give full details of how the loss, deprivation, damage or theft occured

Was the event reported: Yes ☐ No ☐

Time and date of the report:

Reported to: ☐☐/☐☐/PM ☐☐:☐☐ ☐☐/☐☐/☐☐☐☐

Were articles lost or damaged by the carrier? Yes ☐ No ☐ If Yes, name the carrier:

If this is a deprivation (delayed luggage) claim - Date and time when items were returned to you

Time and date: ☐☐/☐☐/PM ☐☐:☐☐ ☐☐/☐☐/☐☐☐☐

* Have you made a claim or complaint against any Carrier/Airline Hotel or other authority or against any individual responsible for the loss or damage to your property? If so, attach details and copies of correspondance. **Note: The Warsaw/Montreal Convention imposes a liability upon the carrier and you should claim on them first.**

Yes ☐ No ☐

Are any of the items covered by other insurance?

Yes ☐ No ☐

If Yes, which insurer:

Policy No.

List if items claimed for:

Item Description	Name and address from where items were purchased	Original Date of Purchase	Original Purchase Price (specify currency)	Amount Claimed (specify currency)

(if insufficient space attach separate sheet)

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SECTION 7 - CLAIM FOR EMERGENCY EXPENSES DUE TO UNFORESEEN EVENT

Reason for incurring additional travel or accommodation expenses:

List the Country or Countries in which you incurred the costs

	Details	Amount Claimed
List specifically the additional **TRAVEL** expenses (Specify Currency)		
	TOTAL	

	Details	Amount Claimed
List Specifically the additional **ACCOMMODATION** expenses (Specify Currency)		
	TOTAL	

	Details	Amount Claimed
List Specifically the other **EMERGENCY** expenses (Specify Currency)		
	TOTAL	

Were these expenses incurred as a result of Injury or Sickness as claimed in Section 5? Yes ☐ No ☐

The following items must be included with this claim. (Photocopies can be submitted . If originals are submitted keep copies)

Receipts / Invoices and/or tickets relating to additional expenses incurred

Doctor / Hospital certificate specifying exact name of condition suffered by any injured/sick person

Letter form the travel agent or carrier confirming the reason for additional expenses and/or any refund applicable

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SECTION 8 - CLAIM FOR RENTAL VEHICLE EXCESS WAIVER

Please provide a full description of the circumstances of the incident giving rise to the claim:

The following items must be included with this claim. (Photocopies can be submitted . If originals are submitted keep copies)

The Vehicle Rental Agreement

Notice from the rental company in respect of the excess or deductible

Documentation evidencing payment of excess or deductible

SECTION 9 - CLAIM FOR PERSONAL LIABILITY

Bodily Injury – Provide relevant details – Name Address of injured Party and details of Injury (Use separate sheet in insufficient room)

Damage to Property – List all Property Damage together with Name and Address or Party claiming damage against you. (Use separate sheet in insufficient room)

Is the Injury or Damage related to a travelling companion? Yes ☐ No ☐

Do you consider you were at fault? Yes ☐ No ☐

If so, why?

The following items must be included with this claim. (Photocopies can be submitted . If originals are submitted keep copies)

Letter or document and all details of the claim made on you.

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PRIVACY STATEMENT, MEDICAL AUTHORITY AND DECLARATION

Proclaim

Proclaim is committed to complying with the Privacy Amendment (Enhancing Privacy Protection) Act 2012 which amends the Privacy Act 1988 and has resulted in the introduction of the 13 Australian Privacy Principles (APPs). Proclaim will ensure that all personal information held is treated in accordance with the Act and the APPs.

All personal information collected is used only for the assessment of a claim or the provision of an insurance related service. In order to affect this, your personal information may be disclosed to or requested from third parties such as an insurer, employer, broker, medical practitioner, Medicare or other parties as required by law.

Consequently, given the placement of this insurance it may be necessary to disclose your personal information to a third party in the UK. If so, we will take reasonable steps to ensure that the overseas recipient of your information will not breach the APPs.

Proclaim will take all reasonable steps to ensure that personal information held by Proclaim is secure from any misuse, interference, loss, unauthorised access, modification or disclosure.

Proclaim has a privacy enquiries and complaints handling procedure to deal with any enquiry or complaint you may have about how we have col-lected, used or managed your personal information. If you would like to make an enquiry or complaint, please complete the "Privacy Com-plaint or Query" form that is available on our website at www.proclaim.com.au

the complete Privacy Policy is located on the above website or can be obtained from Proclaim by contacting 612 8256 1770.

Medical Authority and Declaration

I understand that by investigating my claim or by accepting proof of my claim, Proclaim has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to Proclaim using and disclosing my personal information to the insurer, the Policy Holder, my employer, the insurance broker, my medi-cal practitioners, my health providers, Medicare, or other parties as required by law. I understand this is pursuant to Proclaim's Privacy Policy and this document.

In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to Proclaim's Privacy Officer.

I authorise any person or entity, including those referred to above, to provide to Proclaim such personal information (including health informa-tion) as Proclaim in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and cooperation to Proclaim in the assessment of my claim.

I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim.

I understand that if I do not consent to the terms of this authority or revoke my consent, Proclaim may not be able to process or assess my claim.

I appoint Proclaim to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Signature of Claimant: _____ Date: ☐☐/☐☐/☐☐

Name of Claimant: _____

Signature of Witness (any adult person): _____ Date: ☐☐/☐☐/☐☐

Name of Witness: _____

Office use only

Confirmation that the claimant was on approved Water-ski and Wake-board Australia travel Name of person that gave approval: _____ Date: _____