

## Wedding Insurance Claim Form

*The issue of this form is not an admission of liability*

- All questions on this page and the General Claim Details section must be answered before moving to the Section relevant to your claim.
- Include documentation to support your claim including original booking invoices, proof of deposit payments, evidence of refunds or that deposits are non-refundable.
- Have the Medical Certificate on the last page completed by your doctor when cancellation is due to injury or illness or for emergencies, include a copy of the Hospital Discharge Summary.

CLAIMANT DETAILS	
<b>Policyholders:</b>	
<b>Name:</b>	<b>Date of Birth:</b>
<b>Name:</b>	<b>Date of Birth:</b>
<b>Policy Number:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Mobile:</b>	
<b>Email:</b>	

WEDDING DETAILS	
<b>Original Wedding Date:</b>	/ /
<b>Rescheduled Wedding Date (if applicable):</b>	/ /

### PAYEE'S BANK DETAILS

When the claim has been approved the payment will be credited direct to your Bank Account.

Please complete the following:

Bank: \_\_\_\_\_

SWIFT CODE (FOR NON AUSTRALIAN BANK): \_\_\_\_\_

Account Holder's Name(s): \_\_\_\_\_

BSB Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

# Wedding Insurance Claim Form

**GENERAL CLAIM DETAILS – MUST BE COMPLETED FOR ALL CLAIMS**

Date of incident leading to claim ...../...../..... Time ..... am/pm

Provide details of what has led to the claim:  
 Include information such as how items were damaged, Injury or Sickness details, circumstances of injury or onset of any sickness, why cancellation or rescheduling was necessary, whether any alternative arrangements were offered, etc


**Complete the section relevant to your loss:-**

**CANCELLATION OR POSTPONEMENT**

Supplier	Total Cost	Deposit Paid	Refund Available	Amount Claimed

**RESCHEDULING COSTS**

Details of Additional Expense	Supplier	Additional Cost Claimed



**WEDDING ATTIRE / WEDDING RINGS / WEDDING GIFTS**

Item/s Damaged or Lost	How did the item come to be lost, stolen or damaged	Value / Repair or Replacement Cost
		\$
		\$
		\$
		\$
		\$
Total Claimed		\$

\* For lost or stolen items you must report to Police within 14 days of discovering the loss

**WEDDING SUPPLIER FAILURE (by reason of financial default)**

Supplier	Total Cost	Deposit Paid	Refund Available	Amount Claimed

**WEDDING CARS & TRANSPORT (non-appearance, breakdown or accident to vehicle)**

Supplier	Total Cost	Deposit Paid	Refund Available	Amount Claimed

**ACCIDENTAL DAMAGE TO HIRED EQUIPMENT**

Item/s Damaged	Property Owner / Hirer	How was the equipment damaged?	Repair or Replacement Cost
			\$
			\$

See next page for Supporting documentation and Declaration

**SUPPORTING DOCUMENTATION**

- 1. A copy of your Niche Wedding Insurance Policy Schedule
- 2. Invoices and Receipts for all expenses claimed
- 3. Contracts or Agreements with wedding suppliers
- 4. Photographs of damaged items
- 5. Correspondence related to cancellations and suppliers failures
- 6. Completed Medical Certificate (last page of claim form) or Emergency Department Discharge Summary or letter from the treating doctor for cancellations due to medical conditions.

\*Failure to provide these items may result in delays in processing your claim. If it is not possible to provide any of the items please advise the reason:

.....

.....

.....

**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.

**DECLARATION - COMPLETE FOR ALL CLAIMS**

**I declare that** the information provided on this claim form, in emails and in any documents supplied is correct and complete and that I have not withheld any information that could effect this claim.

**I understand that** false or misleading information may result in the denial of my claim.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** / /

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** / /

**CLAIM LODGEMENT DETAILS**

Please submit your completed claim form and supporting documentation to [niche@proclaim.com.au](mailto:niche@proclaim.com.au)

Claims queries can be directed to Proclaim on 02 9287 1302

Policy queries should be referred to Niche Underwriting at [sales@nicheinsurance.com.au](mailto:sales@nicheinsurance.com.au) or phone 1300 744 956



