



Travel Projects Pty Ltd
Lic:32308 - A.B.N 67088334249

Suite 206, 365 Little Collins Street
Melbourne - Victoria 3000

Tel: 61 + 3 + 9670 7304

Fax: 61 + 3 + 9670 7438

E-mail:

info@travelprojects.com.au
enquiry@travelprojects.com.au

DECLARATION OF TRAVEL INSURANCE ADVICE

I, _____ am aware that any changes in, or cancellation of, my travel arrangements may result in me incurring high additional costs.

I am aware that Travel Insurance is available to cover the following:

- Cancellation/curtailment of journey & associated expenses
- Loss or damage to luggage or travel documents
- Overseas medical/hospital costs plus cash in hospital compensation
- Accidental death and disability income protection
- Hijack and kidnap compensation
- Emergency additional expenses of accommodation, meal & travel
- Existing medical health disorder cover after approval by the Insurance Company medical panel

I also confirm that the benefits of travel insurance cover, listed above, have been satisfactorily explained to me. I prefer not to take out travel insurance cover.

Signed: _____

Name: _____

Dated: ____ / ____ / ____ (dd/mm/yy)

Note: Please write name in block letters, sign it and send it to us to any of the above mentioned contacts.