

## Ambulance Claims form

**Please complete this form in addition to the Claim form if you required the services of an ambulance during your treatment.**

### Policy holder details

Policy number (must be provided):

Type of policy: Budget Visitors  Visitors Plus  Single plan  Dual family plan  Multi family plan

Title:  Dr  Mr  Mrs  Miss  Ms Family name (surname):

Given name: Other name/s:

### Ambulance service questions

1. What was the nature of your illness and the reason why you required ambulance transportation?

2. Did you call the ambulance, if not who did?

3. Were you admitted to stay overnight in a Hospital or just treated in the emergency department?

### Please return completed form to:

Allianz Global Assistance  
Locked Bag 3004, Toowong QLD 4066  
Phone: 1300 727 193  
Fax: +61 7 3305 7316  
Email: OVHCClaims@allianz-assistance.com.au

**Please note, if the information provided is insufficient, we may require you to obtain an ambulance report.**