

Travel Insurance Claim Form.

Travel Claims Department
PO Box 60108, London, SW20 8US



Date Sent: Claim Ref:

Please answer all the questions contained in this claim form, leaving items blank, using ticks, dashes and N/A may make it necessary for us to return your claim forms or lead to us asking unnecessary questions thus delaying the processing of your claim.

Personal Details - Required for all Claims

Claimant Mr/Mrs/Miss/Ms Details	<input type="text"/>	Home Address	<input type="text"/>	
Surname	<input type="text"/>		<input type="text"/>	
Forenames	<input type="text"/>		<input type="text"/>	
Date of Birth	<input type="text"/>		<input type="text"/>	
Occupation	<input type="text"/>	Home Tel.	<input type="text"/>	Work Tel <input type="text"/>
Nationality	<input type="text"/>	Email	<input type="text"/>	

Policy and Holiday Details

Type and Amount of Claim

Policy Number	<input type="text"/>	Policy Benefit	£ Amount Claimed	Policy Benefit	£ Amount Claimed
Date Issued	<input type="text"/>	A. Cancellation or Curtailment	<input type="text"/>	L. Loss of Passport	<input type="text"/>
Declared Health Problem(s)	<input type="text"/>	B. Medical Expenses	<input type="text"/>	M. Hijack	<input type="text"/>
Travel Agent & Branch	<input type="text"/>	C. Hospital Benefit	<input type="text"/>	N. Optional Winter Sports	
Tour Operator	<input type="text"/>	D. Mugging Benefit	<input type="text"/>	1. Ski Equipment	<input type="text"/>
Date of Booking Holiday	<input type="text"/>	E. Personal Accident	<input type="text"/>	2. Ski Hire	<input type="text"/>
Depart Date	<input type="text"/>	F. Personal Belongings	<input type="text"/>	3. Ski Pack	<input type="text"/>
Return date	<input type="text"/>	G. Personal Money	<input type="text"/>	4. Piste Closure	<input type="text"/>
No. in Party	<input type="text"/>	H. Personal Public Liability	<input type="text"/>	Total Amount Claimed	<input type="text"/>
Total Days	<input type="text"/>	I. Travel Delay	<input type="text"/>	Important Note: Some of the benefits detailed may not be available upon the policy you hold.	
Country	<input type="text"/>	J. Missed Departure	<input type="text"/>		
Resort/Town	<input type="text"/>	K. Legal Expenses	<input type="text"/>		

Please complete this section if you wish us to pay any approved settlement direct to your Bank Account.

Bank name & address	<input type="text"/>	Name of Account Holder	<input type="text"/>
SWIFT code	<input type="text"/>	IBAN Number	<input type="text"/>

It is against the law to submit a fraudulent insurance claim, if your claim is found to be fraudulent your claim will be declined and the authorities informed.

1. I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We havenot omitted any material information, which would effect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither AIG Travel Assist nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.

2. I/We understand that the information on this form will be passed to or used by AIG Travel Assist for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.

3. I/We give my/our authority to AIG Travel Assist to contact my household insurers or medical insurers or other travel insurers regarding a contribution.

I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimants Name	Claimants Signature	DOB	Dated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



8. Please provide details of any private health care (e.g. BUPA, PPP), personal accident insurance or other travel insurance you hold, please also attach a copy of the policy schedule.

Policy No.	<input type="text"/>	Address of Insurance Co.	<input type="text"/>
Renewal Date.	<input type="text"/>		<input type="text"/>
Insurance Company.	<input type="text"/>		<input type="text"/>

9. Previous Claims

a. Have you made any previous claims on this type of insurance? Y N b. If yes, please give details below:

<input type="text"/>
<input type="text"/>

10. Health Conditions

At the date of arranging your trip were you or any member of your party:

A. Aware of any medical condition or set of circumstances that could reasonably be expected to give rise to a claim?

 Y N

B. Did you or were you or any other person upon whom holiday plans depended (including non family companions)

i) an ongoing medical condition (or any medical complication directly attributable to that condition) investigated by a registered medical practitioner?

 Y N

ii) a medical condition for which there had been prescribed medication or treatment other than a minor ailment by a registered medical practitioner during 30 days (or 90 days per person of 70 years of age or over) immediately preceding the period of insurance?

 Y N

iii) been receiving or on a waiting list for in-patient treatment in a hospital or nursing

 Y N

iv) expected to give birth before or within two months of the date of arrival home?

 Y N

vi) been given a terminal prognosis?

 Y N

v) been travelling against the advice of a medical practitioner or for the purpose of obtaining medical treatment abroad?

 Y N

Did you obtain a letter concerning any of the above from your doctor? If yes please forward a copy of the letter.

 Y N

If you answered yes to any of the above please give further details of the condition or circumstance:

<input type="text"/>
<input type="text"/>
<input type="text"/>

11. Are you expecting to receive or are you going to submit any further accounts? Y N If yes, please provide details on a separate sheet.

Important Notes

Any excess deduction applicable to each claim as stated in the Policy Conditions must be paid before expenses detailed in question 6 can be settled. If this) was paid to the Hospital or Doctor Overseas, please enclose the receipt. Otherwise a remittance payable to AIG Travel Assist for the amount of the should be forwarded with this form.

Payment of admissible expenses would normally be made in favour of the claimant. If you require payment to be made in favour of somebody else pleaseii) forward their details.