

Dear Sir/Madam,

Following your request for a claim form please find this now enclosed.

So that we may process your claim as quickly as possible please ensure that you fully complete and sign all the relevant sections and return it to us with the following **ORIGINAL** documentation: (Please note that should you require your original documents returned, you must request this in writing within 90 days of submitting your claim).

<b>Documents Required</b>	<b>Enclosed</b>
1. Insurance policy schedule/certificate of insurance showing payment of your insurance premium.	
2. Original evidence to substantiate travel. E.g. Booking invoice, travel itinerary and/or tickets.	
3. Original receipts for all expenses incurred, please number the receipts and put the number in the column headed 'Receipt No.' when completing Question 7 on the claims form.	
4. If this claim is being submitted on behalf of the estate of a deceased insured we require certified copies of the death certificate and the grant of probate/letters of administration. If the insured passed away due to illness rather than as a result of injury, a medical certificate must be completed by the deceased's usual medical practitioner.	
5. If this claim is being submitted as a result of an injury please provide a full description of the incident leading to the injury. If a third party was involved please provide their details and those of their insurer if available.	

When we receive your claim submission, we will assess it and correspond with you further in due course.

We look forward to hearing from you.

Yours faithfully,

**Claims Department**

# Travel Insurance Claim Form.

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

# UK\_USD AIRA

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.

Mr/Mrs/Miss/Ms	<input type="text"/>		<b>Personal Details - Required for all Claims</b>	
Surname	<input type="text"/>		Home Address	<input type="text"/>
Forenames	<input type="text"/>			<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>		<input type="text"/>
Occupation	<input type="text"/>		Postcode	<input type="text"/>
National Ins No.	<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

Policy Number	<input type="text"/>	
Date Issued	<input type="text"/>	
Travel Booking Reference	<input type="text"/>	
Travel Agent / Tour Operator	<input type="text"/>	
Date of Booking Holiday	<input type="text"/>	No. in Party <input type="text"/>
Depart Date	<input type="text"/>	Return Date <input type="text"/>
Total Days	<input type="text"/>	
Destination Country	<input type="text"/>	

## Type and Amount of Claim

Policy Benefit	Amount Claimed	Policy Benefit	Amount Claimed
Cancellation or Curtailment	<input type="text"/>	Loss of Passport	<input type="text"/>
Medical Expenses	<input type="text"/>	Hijack	<input type="text"/>
Hospital Benefit	<input type="text"/>	<b>Additional Options</b>	
Mugging Benefit	<input type="text"/>	Ski Equipment	<input type="text"/>
Personal Accident	<input type="text"/>	Ski Hire	<input type="text"/>
Personal Belongings	<input type="text"/>	Ski Pack	<input type="text"/>
Personal Money	<input type="text"/>	Piste Closure	<input type="text"/>
Personal Public Liability	<input type="text"/>	Other	<input type="text"/>
Travel Delay	<input type="text"/>	<b>Total Amount Claimed</b>	<input type="text"/>
Missed Departure	<input type="text"/>		
Legal Expenses	<input type="text"/>		

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

Account Holder	<input type="text"/>
Name of Bank	<input type="text"/>
Account No.	<input type="text"/>
SWIFT Code	<input type="text"/>

### How we use your information

Information which you supply to us, including sensitive information relating to health or medical condition, may be used in a number of ways, for example:

- to assess and process your claim
- to prevent crime (including fraud and money laundering)
- for audit, record keeping, statistical analysis and optional customer satisfaction surveys
- to comply with any legal requirement on us or other companies in our group
- to make decisions about you and other people when selling insurance

We may share information with our contractors (including service providers), agents and other international group companies for these purposes. Information may be put on a register of claims and shared with other companies, including insurers, for fraud prevention. We will share information with other third parties if required to do so by law.

We may transfer your information outside of the European Economic Area ("EEA") for the above purposes, including for secure electronic storage. Whenever we transfer or share information outside, or inside, the EEA we ensure that it is protected.

If you give information to us about another person, you will obtain that person's permission beforehand to provide the information and for us to use it as described above.

## CLAIMS DECLARATION

- I / WE GIVE PERMISSION FOR MY / OUR PERSONAL INFORMATION TO BE USED AND SHARED IN THE WAYS DESCRIBED ABOVE.
- I / WE CONFIRM THAT I / WE WILL NOT PROVIDE ANY PERSONAL INFORMATION ABOUT ANOTHER PERSON WITHOUT THAT PERSON'S PERMISSION, AND THAT WHERE A CLAIM IS MADE ON BEHALF OF THAT PERSON, I / WE HAVE THEIR EXPLICIT AUTHORITY TO ACT AND RECEIVE ANY PAYMENT ON THEIR BEHALF.
- I / we declare that all the information given in respect of the claim(s) is to the best of my / our knowledge and belief, full, true and correct, and that no material information has been omitted which would affect the assessment of the claim(s) by the insurer(s).
- I / we understand that if I / we give information that is incorrect or incomplete you and / or the insurer(s) may take action against me / us, including court action.
- I / we know it is a CRIMINAL offence to defraud, or attempt to defraud an insurer and that by doing so I / we may be prosecuted.
- I / we give my / our authority to you to contact my / our household insurers, medical insurers, DSS or other insurers / third parties regarding a contribution.

**I / we have read and fully understand the declarations above (ALL persons claiming must sign below).**

Claimants Name	Claimants Signature	Date of Birth	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"/>



Claim Ref: [ ] [ ]

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. [ ] Address of Insurance Co. [ ]
Renewal Date. [ ] Telephone number of Insurance Co. [ ]
Insurance Company. [ ]

9. Did you obtain an European Health Card (E-HIC) prior to travel? YES NO

Please provide Card Number and attach a copy: [ ]

10. Previous Claims

Have you made any previous medical claims on a Travel or Private Medical Insurance policy? YES NO If yes, please give details

[ ]

11. Are you expecting to receive or are you going to submit any further accounts? YES NO If yes, please provide details on a separate sheet.

Access to Medical Records Act, 1988/Access to Personal Files and Medical Reports. (Northern Ireland) Order 1991/Access to Health Records and Reports Act 1993. (Isle of Man) ("The Acts")

To enable Travel Guard EMEA Limited to assess your claim, it may be necessary to obtain medical evidence. Any reports which are requested from your doctors are subject to the Acts. (Please note that Reports requested from Doctors appointed by Travel Guard EMEA Limited are not subject to the Acts). In summary your statutory rights are as follows.

- 1. A Medical Report cannot be requested from any doctor who has attended you, without your written authority.
2. You do not have to give your consent. If you do consent, you can say whether you wish to see the report before it is supplied.
3. If you say you wish to see the report, we will write to your doctor and tell them, and advise you that we have done so.
4. The medical practitioner will be informed that you wish to have access to the report and will allow 21 days from the date of the notification for you to see and approve it before it is supplied to us.
5. If you say that you do not wish to see the report, we do not have to notify you if we apply for one.
6. Whether or not you say you wish to see the report before it is sent to us, you may ask your doctor to show you a copy of the report for up to 6 months after it is supplied.
7. If you see a report before it is sent to us, the doctor cannot submit it until you give your consent.
8. The doctor is not obliged to let you see any part of a report if,
a) In his/her opinion it would be likely to cause serious harm to your physical or mental health, or that of others.
b) It would indicate the doctor's intentions towards you.
c) Disclosure would be likely to reveal information relating to, or the identity of, someone else that has supplied information about you, unless that person has consented.

Your Regular GP: [ ] Telephone: [ ]
Address: [ ] Fax: [ ]

DECLARATION. I DECLARE THAT ALL THE INFORMATION GIVEN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, FULL, TRUE AND CORRECT, AND I UNDERSTAND THAT IF I GIVE INFORMATION THAT IS INCORRECT OR INCOMPLETE YOU MAY TAKE ACTION AGAINST ME, INCLUDING COURT ACTION.

I GIVE PERMISSION FOR MY PERSONAL INFORMATION TO BE USED AND SHARED IN THE WAYS DESCRIBED ABOVE. I CONFIRM THAT I WILL NOT PROVIDE ANY PERSONAL INFORMATION ABOUT ANOTHER PERSON WITHOUT THAT PERSON'S PERMISSION

- I DO NOT wish to see the records before they are sent to Travel Guard EMEA Limited.
I DO wish to see the records before they are sent to Travel Guard EMEA Limited.

Patients Signature [ ] Date: [ ]
Full Name [ ]

(i) 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 Travel Guard EMEA Limited for the amount of the excess should be forwarded with this form.
(ii) 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 please forward their details.