

Dear Sir/Madam

Travel Insurance Claim

Please find enclosed a claim form for completion and return to the address shown above.

You should complete all sections relevant to your claim and enclose all requested supporting documentation (**which must include evidence of your outward and return travel dates from the UK**). Please note an incomplete application may delay the processing of the claim.

Please note **all documentation will be destroyed after 3 months**; an electronic copy will be held on our system.

You must as part of the policy terms and conditions declare if you have any other travel, household or other insurances in force at the time of your claim (this includes any insurance which may have been provided in association with your bank account). **Withholding this information may delay the processing of your claim.**

If additional information or documentation is required we will reply using the e-mail address supplied when you purchased the policy. Please ensure that you provide your current e-mail address on the enclosed claim form before returning it to us.

If you have any **queries or you require assistance** in completing the claim form please do not hesitate in contacting us on 0844 888 2788. Please have your claims reference number to hand.

Yours sincerely,



Travel Claims Services Ltd



Travel Insurance Claim Form. Travel Claims Services Ltd Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY	Date Sent:		*webclaims*
	Claim Ref : (if known)		
PLEASE ANSWER ALL RELEVANT QUESTIONS ON THE CLAIM FORM; LEAVING ITEMS BLANK, USING TICKS, DASHES AND N/A MAY RESULT IN US RETURNING THE CLAIM FORM AND/OR ASKING FURTHER QUESTIONS, THUS DELAYING THE PROCESSING OF YOUR CLAIM.			

Personal Details – Required for all Claims

Claimant Details

Title	Mr / Mrs / Miss / Ms / Other:	Home Address	
Surname			
Forename(s)			
Date of Birth			
Occupation		Postcode	
NI Number		Home Tel.	
Parent/Guardian's NI number	(If medical claim for a minor)	Work Tel.	
Nationality		Email	

Policy and Holiday Details

Policy Number		Date of Booking	
Date Issued		Departure Date	
No. in Party		Return Date	
Independent Travel Arrangements?	YES	NO	If no provide the following:
Travel Agent & Branch		Country	
Tour Operator		Resort / Town	

It is against the law to submit a fraudulent insurance claim.

If your claim is found to be fraudulent the claim will be declined and Insurers will pursue recovery by the use of civil action.

<p>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 have not omitted any material information, which would affect 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 Travel Claims Services nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.</p> <p>2. I/We understand that the information on this form will be passed to or used by Travel Claims Services for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.</p> <p>3. I/We subrogate all rights of recovery to Travel Claims Services Ltd. and also consent to them seeking reimbursement of any medical expenses paid by them.</p> <p>For medical related claims:</p> <p>4. I authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Travel Claims Services or their agents. I understand that in executing this authorisation, I waive the right for such information/records to be privileged. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.</p>
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I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimants Name	Claimant Signature	Date of Birth	Dated

Medical Emergency and Associated Expenses Page 2 Travel Claims Services Ltd	Date Sent:		*webclaims*
	Claim Ref : (if known)		

Documents You Need to Send Us – **SEND ORIGINAL DOCUMENTS AND KEEP COPIES FOR YOUR RECORDS**

1. Original evidence to show dates of outward and return travel (booking invoice, travel tickets, itinerary etc.)
2. All original invoices/receipts for expenses incurred.
3. If claim is submitted on behalf of the estate of a deceased insured, we will require certified copies of the death certificate, together with Grant of Probate or Letters of Administration. If the insured passed away due to illness rather than as a result of injury, we may require a medical certificate to be completed by the deceased’s usual GP.
4. If this claim is being submitted as a result of 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.

If you are unable to supply any of the documentation requested, please a written explanation.

Important – please number all receipts for expenses incurred and put the number in the column headed 'Receipt No.' when completing the 'Medical Expenses' section below.

Please answer ALL questions – BLOCK CAPITALS PLEASE

Date and time injury occurred			Country and town where illness occurred						
Full description of illness of injury and details of any third party involved									
Have you previously suffered from the condition which has resulted in the submission of this claim, or any related condition?					YES	NO	If answer is YES, we may require your GP to complete a medical certificate.		
If you were an inpatient :		Date/time of admittance				Date/time of discharge			
If you were an inpatient or outpatient expenses exceed £500 did you contact the medical emergency assistance company?								YES	NO
If YES please complete the below fields, if NO please provide a written explanation as to why the medical emergency assistance company were not contacted.									
Date of first call			Person spoken to and reference number						
Medical and other Expenses (Please list all expenses and continue on a separate sheet if necessary)									
Receipt No.	Date	Description of item	Bill from	Amount	Currency	Exchange rate	Paid Y/N	Office use only	
								Total Claimed	

Medical Emergency and Associated Expenses Page 3 Travel Claims Services Ltd	Date Sent:		*webclaims*
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Other Insurance							
Do you or anyone else claiming have any other insurance which may cover this trip? e.g. Private medical insurance, travel insurance with your bank/credit card account, tour operator/travel agent.				YES	NO	If YES , please give full details below:	
Company name and address							
Policy number							
If applicable, did you obtain an EHC for your trip?		YES	NO	Have you made a claim under the EHC and have you received reimbursement?		YES	NO
If YES , how much have you been reimbursed? (Please attach evidence of this)							

Previous Claims						
Have you or any person claiming under this policy made any previous claims on this type of insurance?				YES	NO	If YES , please give details below:
Health Conditions - At the date of travel, purchase of the policy or booking your trip were you or the person whose condition has given rise to the claim? :						
Aware of any medical condition or set of circumstances which could reasonably be expected to give rise to a claim?					YES	NO
Have an on-going medical condition (or any medical complication directly attributable to that condition) which was being investigated by a specialist or GP? (If the condition was declared at purchase of the policy, please give details below.)					YES	NO
Have a medical condition directly or indirectly related to the condition for which the claim is being made? (If the condition was declared at purchase of the policy, please give details below.)					YES	NO
Received or were awaiting hospital tests or treatment for any condition or set of symptoms which had not been diagnosed?					YES	NO
Had been given a terminal prognosis?					YES	NO
Were travelling for the purpose of obtaining medical treatment abroad?					YES	NO
Were travelling against the advice of a medical practitioner?					YES	NO
Had received or were awaiting treatment relating to a complication of pregnancy or childbirth?					YES	NO
Were you more than 32 weeks pregnant at the start of or during your trip?					YES	NO
Was a letter concerning any of the above obtained from the treating doctor? If YES please forward a copy of the letter.					YES	NO
If YES was answered to any of the above please give further details of the condition or circumstance. (Please note that we may need your GP to complete a medical certificate.)						
Are you expecting to receive or are you going to submit any further accounts?					YES	NO
If YES , please provide details (continue on a separate sheet if necessary):						

Important Notes:

If you require us to make direct payment of the medical costs and your policy is subject to an excess, this must be paid before we can do so. Please enclose your remittance in favour of Travel Claims Services Ltd or contact us to arrange payment by credit/debit card. If you have paid all costs, please enclose all receipts.

Payment of admissible expenses would normally be made in favour of the claimant. If you require payment to be made in favour of another person, please forward their details and provide your written permission for us to do so.