



Travel Claims Services
PO Box 5775
Southend-on-Sea
Essex
SS1 2JY

Dear Sir / Madam,

TRAVEL INSURANCE CLAIM

We are writing further to your request for a claim form and are very sorry to note the circumstances described.

In order that our claims team can efficiently handle your claim, without the need for any delays involved in requesting supporting information, would you please forward the following **original** documents that apply to the claim you are making (A tick box is provided for you to clarify the documents you are enclosing):

- Completed and signed claim form attached.**
- Booking invoice.** *This must show the dates and times of your original travel plans and the names of all passengers on the trip.*
- Medical / dental reports.** *This must show the name of the patient, the condition / injury treated and the treatment provided. If a dental claim is being submitted we would advise that the report must confirm the treatment for immediate relief of pain only. Any early return or extended stay resulting from the condition must be clarified by the doctor abroad in writing.*
- Medical / dental invoices.** *This should detail the treatment given and a breakdown of the costs associated with this..*
- Proof of payment.** *This can be in the form of a receipt or, if paid by card, a copy of your statement showing the Sterling conversion. If a large medical bill has been paid in cash we will also require evidence of the funds used to settle the invoice.*
- Additional hotel invoice and proof of payment.** *If the condition treated requires either alternative accommodation during the trip dates, or an extension of the trip, the hotel invoice must show the name of the person using the hotel, the dates used and the costs involved per day. This is considered on a room only basis.*
- Invoice for new flights and proof of payment.** *If the condition treated requires either an early or delayed return home, the travel document and invoice must show the name of the person using the flight, the date of the flight and the cost of the flight.*
- Details of any other party who may be responsible for / provide cover for this claim.** *This can include other travel insurance policies held with your bank or card provider, and third party details if the cause is due to the actions of another.*

Please be advised that if no contact was made with the medical emergency assistance company, named in your policy, at the time of treatment it may be necessary for our claims team to request further information to confirm cover under your policy.

May we kindly suggest that you always keep a copy of your documents and send the originals to us by Recorded Delivery. Please note that data held for the purpose of

your claim is destroyed after 6 months to comply with our responsibilities under the Data Protection Act.

In addition, may we advise that where an email address is supplied we will look to communicate by this method to speed up our contact with you. Original documents may still be required by return and should be forwarded to the claims address provided in our communications.

Finally, we would advise that our claims are assessed using the information that you supply to us. We would therefore ask that before submission you fully read through all the evidence being supplied to ensure that this is accurate and relevant to your claim.

We look forward to hearing from you.

Yours sincerely,

A handwritten signature in blue ink, appearing to be 'J.S.', is positioned below the text 'Yours sincerely,'.

Administered by Travel Claims Services Ltd

Travel Insurance Claim Form. Travel Claims Services Ltd Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY	Date Sent:		*webiandgclaims*
	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 3 Travel Claims Services Ltd	Date Sent:		*webiandgclaims*
	Claim Ref : (if known)		

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.