

# TRAVEL INSURANCE CLAIM FORM

For office use only

Claim Reference:

Information required on all claims  
Please answer ALL Questions Below – **BLOCK CAPITALS PLEASE**

## 1. Personal Details – Required for all Claims

Title (please circle):	Mr / Mrs / Miss / Ms / Dr / Prof	Home Address: Post Code:	
Surname:			
Forenames:			
Date of Birth:	/ /	Age:	Post Code:
Occupation:		Home Phone:	
Email:		Work/Mobile:	

## 2. Policy/Holiday/Settlement Details

## 3. Claim Details

Credit Card Details:	Issued By:	_____ x x x x x _____	Claim Type	Amount
			Card Number (first 7 and last 4 digits only please):	Medical
	Travel Agent (if applicable):		Personal Accident	
	Tour Operator (if applicable):		Hospital Daily Benefit	
	Date of Booking Holiday:		Personal Liability	
	Number. in Party:		Baggage & Money – Baggage/Personal Effects	
	Depart Date:		Baggage & Money – Money	
	Return Date:		Baggage & Money – Loss of Passport	
	Total Days:		Cancellation	
	Country:		Inconvenience – Travel Delay	
	Resort/Town:		Inconvenience – Delayed Baggage	
	Amount of Deposit Paid:		Inconvenience – Legal Expenses	
	Date Deposit Paid:		Inconvenience – Missed Departure	
	Total Balance Paid:		Inconvenience – Pet Care	
	Date Balance Paid:		Winter Sports – Ski Pack	
	<b>Total Cost:</b>		Winter Sports – Piste Closure	
			<b>Total Amount Claimed:</b>	
For direct settlement:	SORT Code:			
	A/C Number			
	Please provide full Bank address of account-holding branch			

The making of a fraudulent Insurance claim is a criminal offence. You may be prosecuted if you make fraudulent claims. Claim forms cannot be accepted by email or fax as original supporting documentation is required for all claims.

# **TRAVEL INSURANCE CLAIM FORM**

For office use only

Claim Reference:

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 the Underwriters will not 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 underwriters 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 consent to Underwriters or their representatives contacting my doctor direct for further information from my medical records if required.
4. I/We subrogate all rights of recovery to Underwriters and also consent to them seeking reimbursement of any medical expenses paid by them.
5. I/We consent to the travel agent/tour operator/airline to release any information required by underwriters or their representatives in relation to this claim.

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

Claimant's Name	Claimant's Signature	Age	Date
			/ /
			/ /

# **TRAVEL INSURANCE CLAIM FORM**

## Frequently Asked Questions

---

We understand that making an insurance claim can be complicated and it can be difficult to know which documents you need to send us and why. For this reason, we have designed this leaflet to help you through the process and answer any questions you may have. We have tried to include as much information as possible, however, if you do still have questions after reading this leaflet; please feel free to call us on the number supplied with your claim forms.

### **GENERAL HINTS AND TIPS**

Below is some general advice which will help your claim to be processed as quickly as possible:

**Explain as much as possible:** Include as much detail as you possibly can to make sure that we are fully aware of what happened at the time of the incident connected to your claim and exactly what you are claiming for.

**The more information you provide the better:** If you need to add further information and there is not enough space on the claim form, please continue on to another sheet.

**Always send all pages of the claim form back to us completed:** All pages must be returned to us with information added whether you feel these are relevant to your claim or not.

**Please send original documents:** The insurers that we work with usually ask that all documents sent are originals and not photocopies. Certain original documents will be returned to you at your request.

**Please send documents via recorded mail:** This allows you to track the progress of your parcel online and is also your confirmation that we have received your claim and when we received it. **NB:** We do not provide you with written confirmation that your claim has been received.

**Keep copies:** Please make sure that you keep photocopies of all documents you send us.

**Itemise and cross reference where possible:** Use numbering where appropriate on items such as receipts. This makes assessing your claim much easier and will reduce the risk of us having to query things with you, thus slowing down the process of your claim.

**Ensure that all documents are sent with the claim form:** Before sending us your claim form, make sure that all of the documents we have asked for and any additional information are enclosed. If we have asked for documents, we will certainly need them and if these are provided in the first instance, we won't have to write back to you and request them again. This will help to ensure that your claim is processed as soon as possible.

**Do not send copies of the complete policy booklet:** It isn't necessary to send a copy of your policy terms and conditions with your form as this information is held at our office.

**Indemnity Insurance:** Your policy is one of indemnity, rather than a 'new for old' policy, which means that any settlement you may be due will be calculated on how much your items are worth at the time of loss. Please bear in mind therefore that in the event of a payment made to you in respect of personal belongings, a deduction will be made for wear and tear or depreciation.

**All costs are at your expense:** Please remember that the cost of obtaining the information we require will not be reimbursed as it is the responsibility of the insured person to provide this.

**Claim type section numbers:** These correspond to the relevant section of your policy. They are simply there to assist you in referring to the full wording if needed.

### **ALL CLAIMS**

#### **EVIDENCE OF INSURANCE**

**Q: What is it?**

**A:** As independent claims handlers for Insurers, we don't always have access to details of your insurance cover. For most bank and credit card policies confirmation of the card number/ bank account number and sort code would be sufficient.

**Q: Why is this needed?**

**A:** We need evidence of your insurance cover to know who is covered and the period you are covered for. It may also allow us to make your settlement via direct transfer.

**Q: Where can I find it?**

**A:** This should be on the most recent statement from the bank/credit card company or shown on your credit/debit card.

**Q: What is the date of issue of my insurance?**

**A:** This is either the date that you opened/upgraded your account/card, date that you booked your trip, whichever is the latter.

#### **EVIDENCE OF TRAVEL**

**Q: Why is this needed?**

- A:** The reasons we require this information is;
- So we are sure the incident you are claiming for happened while your insurance was in force.
  - To make sure that your holiday/trip does not exceed the number of days allowed in your policy.
  - To show the cost of the holiday/trip per person and a breakdown of the costs as not all charges may be covered.

This evidence will be in the form of a booking invoice supplied by the travel agent, tour operator, accommodation owner or carrier or may be flight tickets which you have not used if you have not travelled. If you have booked your holiday through a travel agent, we will need the booking confirmation from both the travel agent and the tour operator, so if you have both, please send them in to us.

#### **PLEASE RETURN COMPLETED FORMS TO:**

Broadspire, by Crawford & Company  
Jan Olieslagerslaan 41 B-1800  
Vilvoorde  
Belgium  
Email: [Citibank@broadspire.eu](mailto:Citibank@broadspire.eu)  
Tel.: +32 (0) 2 257 03 58  
Web: [www.myclaimsagent.com](http://www.myclaimsagent.com)