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† Standard national rates apply to all +44 (0) 1784 numbers. The customer service helpline is open 08:30 GMT - 18:00 GMT, Monday to Friday and 09:00 GMT - 13:00 GMT, Saturdays and UK public holidays. Bupa Travel Claims are open 09:00 GMT - 17:00 GMT, Monday to Friday. Calls may be recorded and may be monitored.

Address

IMPORTANT

Please keep a separate note of this claim reference number and quote it whenever you contact us.

Claim reference:

Date

Dear

Delay and missed departure claim form

Thank you for requesting a claim form. Please ensure that you complete it fully and return it to us within 28 days of the end of your trip.

Please check that we have correctly stated your name, initial(s), address and post code and amend if necessary.

The section below details the documents which we need to deal with your claim and some notes which we would ask you to read carefully when completing the form.

Very important

Please ensure you enclose the following **original** (not photocopied) documents (if not already sent).

a) Evidence of trip, such as the holiday booking invoice or original travel tickets.

Yes No

b) Delay claims - a letter from the carrier or tour operator(not the travel agent) stating:

Yes No

1) The official cause of the delay

2) The exact period of delay
(both are essential please).

c) Missed departure claims -

1) a letter from either the public transport service giving reason for and period of delay or confirmation from a vehicle recovery company to confirm breakdown.

Yes No

2) substantiation of the outlays made

Yes No

Fast track claims

If you have no objection, in an effort to promote speedier and more customer friendly claims handling, we may find it easier to telephone and/or email you during the course of our normal working hours to discuss your claim and/or request further details.

If you do not wish to be contacted by either of these methods then please tick this box

Block capitals must be used please

1. Claimant's title: MR/MRS/MISS/MS/DR/OTHER (please circle)

Forenames: _____

Surname: _____

2. Address (P.O. Box addresses will not be accepted):

Post Code: _____

Country: _____

3. Contact

Daytime no.: _____

Evening no.: _____

Mobile no.: _____

Email: _____

4. Occupation: _____

Date of birth: _____

5. The destination and country of this trip:

6. a) The schedule or member number:

b) For business schemes, please advise company name:

7. The period of your trip giving total number of days:

From: _____ To: _____

Total no. of days: _____

8. No. of people covered by this policy:

9. The tour operator from whose brochure you booked this trip (if relevant):

10. The date on which your trip was first booked

Day: _____ Month: _____ Year: _____

Purpose of trip: Business Leisure

(Please tick as appropriate)

11. The date and time you were first aware of the reason leading to the delay:

Date: _____ Time: _____

12. Details of scheduled departure:

Date: _____ Time: _____ Place: _____

13. Details of actual departure:

Date: _____ Time: _____ Place: _____

14. The total number of hours/minutes you were delayed:

Hours: _____ Minutes: _____

15. What was the reason given for the cause of delay?

16. What was your method of travel? (i.e. aircraft, ship etc.)

Additional Notes

Payment Method

Please choose the method by which you would prefer to receive payment.
Failure to complete this information may delay your claim.

Bank Transfer:

Account Holders Name: _____

Bank Name: _____

Bank Address: _____

Bank Account No: _____

Bank Sort Code: _____

BIC/Swift Code

(International customers only)

Cheque:

Data Protection Notice

Confidentiality: The confidentiality of patient and member information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on its behalf: such processing, which maybe undertaken outside the European Economic Area, is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

Medical information: Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your GP, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents

Member details: All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the main member

Telephone calls: In the interest of continuously improving our service to members, your call may be recorded and may be monitored.

Research: Anonymised or aggregated data may be used by Bupa, or disclosed to others, for research or statistical purposes.

Fraud: Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Names and addresses: Bupa does not make the names and addresses of members or patients available to other organisations.

Keeping you informed: Bupa would, on occasion like to keep you informed of Bupa products and services which it considers may be of interest to you

Contact address: If you do not wish to receive information about Bupa's products and services, or have any other Data Protection queries please write to the Bupa Group Information Protection Manager at Bupa House, 15-19 Bloomsbury Way London WC1A 2BA or at DataProtection@Bupa.com.

Please read the following carefully before signing the declaration

Prior to returning the claim form please study the policy wording and read the terms and conditions as they relate to your claim.

Please note that neither we nor the insurer are responsible for the costs of obtaining documentation in support of the claim.

The information on this form will be used by the insurers to deal with any claim. The insurer may also pass this to any other insurers and organisations involved in dealing with any claim. Insurers also share information to prevent fraud.

Declaration:

I/We declare that the information contained within this claim is true and correct to the best of my/our knowledge and belief.

I/We have not withheld any information from insurers within my/our knowledge connected with this claim.

I/We agree to provide any further information or documentation as may be reasonably required.

I/We give to insurers all rights of recovery/salvage against any person or organisation and will do whatever else is necessary to secure such rights.

Signature of claimant: _____

Date: _____