

Thames Side House, South Street, Staines, Middlesex TW18 4XF. United Kingdom.

Telephone: +44 (0) 1784 410910† Fax: +44 (0) 1784 891031 Email: btravclaims@bupa.com

† 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

Medical expenses and cutting short the trip 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) Medical evidence to support details of illness or injury.	Yes <input type="radio"/> No <input type="radio"/>
b) In cases of death, a photocopy of the death certificate is required.	Yes <input type="radio"/> No <input type="radio"/>
c) Original receipts for any costs incurred.	Yes <input type="radio"/> No <input type="radio"/>
d) Evidence of your trip, such as the booking invoice or original travel tickets, showing travel dates/costs.	Yes <input type="radio"/> No <input type="radio"/>
e) Evidence to show admission, and discharge dates, if the claimant was a hospital inpatient.	Yes <input type="radio"/> No <input type="radio"/>
f) If the holiday was cut short, please provide any additional travel tickets (flight coupons/ferry tickets/rail tickets/taxi costs).	Yes <input type="radio"/> No <input type="radio"/>

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 country(ies) visited: _____

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. The date on which your trip was first booked
Day: _____ Month: _____ Year: _____
Purpose of trip: Business Leisure
(Please tick as appropriate)

9. Please tell us the date and resort in which the injury was sustained or the illness contracted.
Date: _____
Place: _____
Country: _____

10. Please advise the nature of the injury or illness and the circumstances in which it arose. If the claim is for the cutting short the trip, please provide full details of the reason for the cutting short the trip and documentary evidence.

11. Are the medical expenses required as the result of an accident? Yes No
If you have answered yes, please complete this section including the solicitors details if applicable.
Brief details of accident _____
Date of accident Day: _____ Month: _____ Year: _____
Solicitor name: _____
Address: _____ Postcode: _____

12. Please advise whether treatment was being given for the illness/injury or any other medical condition prior to the trip. Yes No
If yes, please give details:

13. Was Bupa Travel Assistance contacted? Yes No
If yes, what assistance was provided?

Reference if known: _____

14. Were you admitted to hospital? Yes No
If yes, please advise:
Name of hospital: _____
Date admitted: _____
Date discharged: _____
Total number of full days as an in-patient: _____

15. If the cutting short the trip was due to a bereavement, please advise the name of the person and the relationship to the claimant.
Name: _____
Relationship: _____

16. By what method of transport did you return to the home? Was your trip cut short or extended?
Date cut short: _____ No. of days unused: _____
Date extended: _____ No. of days extended: _____
Method of transport: _____ (please provide original travel tickets)

Cutting short the trip only

Important

The circumstances leading to the cutting short the trip must be supported by independent documentary evidence from the attending medical practitioner or other relevant third party.

Names of all persons cutting short their trip	Total holiday cost per person excluding insurance premium (Please state currency of payment)
Date you/they returned:/...../.....	
Date you/they should have returned:/...../.....	

Office use only

Cutting short the trip only
Cost per day
No. of days lost
Gross
Excess total
Nett

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 to the best of my/our knowledge and belief, all information as stated herein is correct and that the company is subrogated with all rights I/we may have against a third party. Furthermore, by signing this documentation the patient also consents to Bupa Travel Services and Bupa Travel Claims seeking reimbursement of medical expenses paid by them arising out of medical treatment received from the Department for Work and Pensions (DWP) and any relevant authority related thereto.

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 subrogate and assign 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: _____