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The customer service helpline is open 8.30 am - 6 pm, Monday to Friday and 9 am - 1 pm, Saturdays and UK public holidays. Bupa Travel Claims are open 9 am - 5 pm, 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. (If downloaded from our website, the claim reference number will be allocated when your claim form is received by 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. Page 4 of this claims form includes a declaration which you are required to read and sign. Failure to do so may cause delays in the processing of your claim.

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 which provides details of illness or injury (Such as medical reports or discharge letters).                       | Yes <input type="radio"/> | No <input type="radio"/> |
| b) In cases of death, a certified copy 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_  
Country: \_\_\_\_\_

3. Contact  
Daytime 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 us of the following.  
The company name: \_\_\_\_\_  
Name of the employee: \_\_\_\_\_  
Relationship to claimant (if different): \_\_\_\_\_

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, including symptoms. 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.  
Date of incident Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_  
Brief details of incident \_\_\_\_\_  
Do you consider anyone responsible for your incident? Yes  No   
If yes, please give details of the party involved: \_\_\_\_\_  
\_\_\_\_\_

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 your trip was cut short 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 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)



