Delay and missed departure claim form

Bupa Travel Claims, Willow House, Pine Trees, Chertsey Lane, Staines, Middlesex TW18 3DZ United Kingdom.

Telephone: **+44 (0)1784 410 910** Email: **btravclaims@bupa.com**

The customer service helpline is open 8.30am to 6pm, Monday to Friday and 9am to 1pm, Saturdays. We are closed public holidays. Bupa Travel Claims are open 9am to 5pm, Monday to Friday. We may record or monitor our calls.

Address

Name

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

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 or as soon as reasonably possible thereafter. Page 5 of this claim form includes a declaration which you are required to read and date. Failure to do so may cause delays in the processing of your claim.

Please check that all your details are correct and amend if necessary.

Supporting documentation required

Please ensure you enclose the following original, not photocopied, documents if not already sent.

1) Evidence of the trip, such as the holiday booking invoice or original travel tickets.
Please note this documentation should also demonstrate that your travel was from and back to your country of residence within the insurance period. ☐

2) **Delay claims** – a letter from the carrier or tour operator (not the booking agent) stating both:
a) the official cause of the delay ☐
b) the exact period of delay. ☐

3) **Missed departure claims** – 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. ☐

Contacting you in relation to your claim

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 here. ☐

Your personal details

1. Claimant's title Mr/Mrs/Miss/Ms/Dr/Other (please circle)

Forenames | Surname

2. Address

Postcode

Country

3. Contact Daytime number

Mobile number | Email

4. Occupation | Date of birth D D M M Y Y Y Y

5. The country(ies) visited/intended to visit

6. a) Your policy 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

Date you/they returned D D M M Y Y Y Y

Date you/they should have returned D D M M Y Y Y Y

8. The date on which your trip was first booked D D M M Y Y Y Y

Purpose of trip (Please tick as appropriate) Business ☐ Leisure ☐

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

D D M M Y Y Y Y Time

10. Details of scheduled departure

D D M M Y Y Y Y Time

11. Details of actual departure

D D M M Y Y Y Y Time

Location if different from original booking

12. The total number of hours/minutes you were delayed

Hours | Minutes

Your personal details (continued)

13. Please use the space below to detail the full circumstances surrounding the incident that caused the delay or missed departure.

14. What was your method of travel? ie aircraft, ship etc.

15. Please name all persons claiming and the amount. Please state currency of payment.

Name	Date of Birth	Total claim per person (Please state currency of payment, if relevant)

16. Was your trip eventually abandoned? Yes ☐ No ☐

If yes, please submit the Tour Operators booking invoice (if applicable) and/or unused tickets etc, and give the date and time abandoned

D D M M Y Y Y Y Time

17. Certain household contents policies provide an element of Travel Insurance. Do you have household contents insurance or if you are living with your parents do they have a policy? Yes ☐ No ☐

If yes, please supply the name and address of the insurance company and policy number

Name

Branch address

Policy number

Additional notes

Payment method

You can choose to receive payment for your claim either via Bank Transfer (UK Banks only) or Cheque. Please select your preferred payment method below:

Bank Transfer (UK Banks only) ☐ Cheque ☐

If payment by cheque requested, please confirm the name of the payee:

If payment by Bank Transfer, please complete the details below:

Account Holder's Name	Bank Account Number								
Bank Name	Bank Sort Code								
Bank Address									

Declaration

Please read the following carefully.

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 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 of any person or organisation and will do whatever else is necessary to secure such rights.

Submission of this claim is validation that the content is true and accurate. Date D D M M Y Y Y Y

Privacy notice – in brief

This privacy notice should be read alongside our full privacy notice. The full notice and a list of the trading companies that make up the Bupa group, can be found at bupa.co.uk/privacy. By providing your information, you consent to the use of your data and information as described in the full privacy notice and cookie policy. If we make a change to any of the ways in which we process personal information, we will update this notice on bupa.co.uk/privacy so please check back regularly for updates. You can also email dataprotection@bupa.com and ask us to send you the latest version at any time.

Personal information

In providing you with our services, Bupa may handle your personal information, which may include sensitive personal information such as medical information. We are very aware that you trust us to keep this information confidential and that is why we comply with UK data protection law and follow medical confidentiality guidelines.

Securing information

We are committed to keeping your personal information secure. We have put in place physical, electronic and operational procedures intended to safeguard and secure the information we collect.

Information we may hold about you

The information we hold about you may include personal and sensitive personal information. We may collect this information during contacts we have with you or with third parties who provide information about you, and from other sources including from your use of websites and other digital platforms.

When we collect your information

Information about you is collected when you engage with Bupa or the Bupa group of companies either by entering into a contract with Bupa, submitting a query or enquiry, applying for a quote or policy or participating in marketing activity.

We may collect personal information about you from other people when you are named in an application form or as a dependant under a scheme, when we process an application or claim or when we obtain medical reports, or when we liaise with your family, employer, health professional or other treatment or benefit provider. You confirm that you consent to Bupa obtaining medical and billing information from your treatment provider relating to claims or complaints you may make.

Using your information

We use your personal information to provide you with our services, and to improve and extend our services.

Sharing information

Information about you may be shared by the companies in the Bupa group to enable us to manage our relationship with you as a Bupa customer and update and improve our records. Bupa works with other individuals and organisations to provide our services to you. This may involve them handling your personal information, which may be done outside of the European Economic Area. We ensure that the confidentiality and security of your personal information is protected by contractual restrictions and service monitoring.

You may receive Bupa private medical services where another member of your family is the main member of the scheme or services. In that case we send all membership documents and confirmation of how we have dealt with any claim you make to the main member. You may receive Bupa services where your employer, or the employer of another member of your family, is the policyholder or pays for the scheme or services. In that case, we may share your information with the employer, the employer's insurance broker, or the trustees of your scheme. This will be explained in your policy documents.

Keeping information

We will only keep your personal information for as long as is necessary and in accordance with UK law.

Keeping you informed

The Bupa group would like to let you know more about our products and services. From time to time we might contact you (by post, email, phone or SMS text) with information we think might interest you. If you do not wish to receive marketing information, or at any time you change your mind about receiving these messages, please contact the Bupa UK Information Governance Team, their contact details can be found below.

Accessing information

If you have any data protection queries, please contact the Bupa UK Information Governance team on dataprotection@bupa.com or write to 4 Pine Trees, Chertsey Lane, Staines-upon-Thames TW18 3DZ

You should also contact the team if you would like a copy of the personal information we hold about you and to ask us to correct or remove (where justified) any inaccurate information.

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