



**Bupa Travel Insurance Claims**  
**AIG Travel**  
PO Box 60108  
London  
SW20 8US

**Tel:** 0330 123 1910\*  
**Fax:** 0870 130 1950

Dear Sir / Madam

So that we may process your claim as quickly as possible please ensure that you fully complete and sign all the relevant sections and return it to us with the **ORIGINAL** documentation outlined below. Please note that should you require your original documents returned, you must request this in writing within 90 days of submitting your claim. Only electronic copies of your documents will be stored after this time.

**For all claims:**

- Flight or Travel documents showing your trip booking date, departure date and return date to enable us to validate your trip.

**For loss/theft/damage of personal possessions:**

- A police report, tour operators / hotel / representative report, crime reference number.
- If the claim is for property lost, stolen or damaged whilst in the custody of a carrier please send used travel tickets and baggage tags, airline Property Irregularity Report (PIR) and any correspondence from the customer services unit of the airline acknowledging the loss or offering reimbursement.
- Proof of ownership/purchase in the form of original receipts for all the items claimed. In the absence of receipts, instruction manuals, packaging, bank statements or photographs will be considered.
- Written confirmation stating the item/s cannot be economically repaired or repair estimate from a reputable retailer alternatively you can send the damaged items to us at your own cost for our inspection.

**For loss/theft of money:**

- A police report, tour operators / hotel / representative report, crime reference number.
- Pre-loss documentation such as a bank or building society statement, currency exchange slip etc. To support the amount you are claiming.
- Post-loss documentation such as a bank or building society statement, currency exchange slip etc, showing the funds you withdrew to enable you to continue your trip, if other arrangements were made please provide details of these.
- If your cards were lost or stolen, please provide written confirmation from your card issuer showing the date you advised them of the loss or theft.

**For delayed baggage:**

- The airline Property Irregularity Report (PIR).
- Receipts for the essential purchases you made whilst you awaited the return of your luggage.
- Written confirmation from the airline of the date and time your luggage was returned to you and that they have not issued any payment to yourself in respect of this matter.

**For loss of passport and travel documents:**

- Receipts for travel, accommodation expenses incurred in obtaining a replacement passport or travel document.
- Purchase receipts issued from the consulate for the replacement/temporary passports.

When we receive your claim submission, we will assess it and correspond with you further in due course.

Yours faithfully

**Travel Claims Department**

\*Calls may be recorded and may be monitored.

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# CLAIM DECLARATION

RETURN POST: Travel Claims Department  
PO Box 60108, London, SW20 8US

Date Sent:  Claim Ref:

Please answer all the questions contained in this claim form, leaving items blank, using ticks, dashes and N/A may make it necessary for us to return your claim forms or lead to us asking unnecessary questions thus delaying the processing of your claim.

## Personal details - required for all claims

Mr/Mrs/Miss/Ms	<input type="text"/>	Home address	<input type="text"/>		
Surname	<input type="text"/>		<input type="text"/>		
Forenames	<input type="text"/>		<input type="text"/>		
Date of birth	<input type="text"/>		<input type="text"/>		
Occupation	<input type="text"/>	Postcode	<input type="text"/>	Mob. No	<input type="text"/>
National ins. No.	<input type="text"/>	Home tel.	<input type="text"/>	Work tel	<input type="text"/>
Nationality	<input type="text"/>	Email	<input type="text"/>		

Please CIRCLE your preferred method of contact:

EMAIL / WORK TEL / HOME TEL / MOBILE / POST

## Policy details

Policy number	<input type="text"/>		
Date issued	<input type="text"/>		
Policy start date	<input type="text"/>	Policy end date	<input type="text"/>
Date the loss occurred	<input type="text"/>	Number of insured travellers	<input type="text"/>
Please advise the section(s) of the policy you are making the claim under:			
<input type="text"/>			
Total amount claiming	<input type="text"/>		

## Travel details

Travel booking reference	<input type="text"/>		
Travel agent / Tour operator	<input type="text"/>		
Date of booking holiday	<input type="text"/>	No. in party	<input type="text"/>
Depart date	<input type="text"/>	Return date	<input type="text"/>
Total days	<input type="text"/>		
Destination country	<input type="text"/>		
Destination city	<input type="text"/>		

## How we use your information

Information which you supply to us, including sensitive information relating to health or a medical condition, may be used in a number of ways, for example:

- to assess and process your claim
- to prevent crime (including fraud and money laundering)
- for audit, record keeping, statistical analysis and optional customer satisfaction surveys
- to comply with any legal requirement on us or other companies in our group
- to make decisions about you and other people when selling insurance

We may share information with our contractors (including service providers), agents and other international group companies for these purposes. Information may be put on a register of claims and shared with other companies, including insurers, for fraud prevention. We will share information with other third parties if required to do so by law.

We may transfer your information outside of the European Economic Area ("EEA") for the above purposes, including for secure electronic storage. Whenever we transfer or share information outside, or inside, the EEA we ensure that it is protected.

If you give information to us about another person, you will obtain that person's permission beforehand to provide the information and for us to use it as described above.

You can obtain further information by writing to our Data Protection Officer by e-mail to [DataProtectionOfficer@AIG.com](mailto:DataProtectionOfficer@AIG.com) or by post to Data Protection Officer, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB.

## CLAIMS DECLARATION

- I / we give permission for my / our personal information to be used and shared in the ways described above
- I / we confirm that I / we will not provide any personal information about another person without that person's permission, and that where a claim is made on behalf of that person, I / we have their explicit authority to act and receive any payment on their behalf.
- I / we declare that all the information given in respect of the claim(s) is to the best of my / our knowledge and belief, full, true and correct, and that no material information has been omitted which would affect the assessment of the claim(s) by the insurer(s).
- I / we understand that if I / we give information that is incorrect or incomplete you and / or the insurer(s) may take action against me / us, including court action.
- I / we know it is a CRIMINAL offence to defraud, or attempt to defraud an insurer and that by doing so I / we may be prosecuted.
- I / we give my / our authority to you to contact my / our household insurers, medical insurers, DWP or other insurers / third parties regarding a contribution.
- In the event of a medical related claim I/we give my/our authority to contact and obtain information from my/our GP, Doctor, Hospital or other medical facility or practitioner.

**I / we have read and fully understand the declarations above (ALL persons claiming must sign below).**

Claimants name	Claimants signature	Date of birth	Dated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Personal Possessions, Baggage Delay and Money, page 1.

Claim Ref:

## When did the loss, theft or damage occur?

Date & time the loss, theft or damage was discovered.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Date, time and to whom the incident was reported:

Reported to: eg police, airline, cruise company etc

Date

Time

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**NB: If an airline was in possession of your baggage when the loss occurred, please ensure you contact them directly to log the incident. If you have not registered the loss with the airline, your claim may be delayed.**

Reports attached?

YES

NO

If NO, why

If your items were in the custody of the airline please complete the following:

Flight number

Property Irregularity Report (PIR) No.

Date reported to the airline customer service dept.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Airline customer service number

Did you receive any compensation from the airline/ferry company etc?

YES

NO

If YES, please detail what compensation or cash settlement amount was received

## Please detail the circumstances surrounding the incident and the precautions taken to protect your property.

## Where were the items located at the time of the loss, theft or damage?

## Please detail the actions you took to attempt to recover your property?

Are the items insured by any other policy you have? Such as a travel agent, bank account or credit card policy?

YES

NO

Do you or the home you reside in have a household contents insurance policy in place?

YES

NO

PLEASE NOTE: Where 2 policies cover the same loss it is normal practise for both insurers to share the cost. This will not affect any no claims discount or premium for that policy.

If YES, state the details of your household contents insurance

Insurer name

Policy number

Insurer address

Telephone number

Details of any previous claims made on a household or travel insurance policy for similar circumstances.

Has the other insurer been notified?

YES

NO

If yes, give details and the claim reference number below:

## Please complete for baggage delay claims

(a) Date and time of your arrival in resort.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(b) Date and time you received your luggage.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(c) Total length of delay in HOURS & MINUTES

<input type="text"/>	<input type="text"/>
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**Personal possessions, baggage delay and money, page 2.**

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Claim Ref:

**IMPORTANT NOTE: THIS POLICY IS AN INDEMNITY POLICY WHICH WILL RESTORE THE SITUATION TO WHAT IT WAS AT THE TIME OF LOSS: THE VALUE OF ITEMS CLAIMED FOR IS CALCULATED BASED ON THE VALUE OF THE PROPERTY AT THE TIME IT WAS LOST, STOLEN OR DAMAGED. A DEDUCTION WILL BE MADE FOR WEAR, TEAR AND LOSS OF VALUE DEPENDING ON THE AGE OF THE PROPERTY.**

**Please complete the sections below that are relevant to your claim - BLOCK CAPITALS PLEASE**

**Details of damaged, stolen, destroyed or lost personal possessions(continue on a separate sheet if necessary).**

Please provide full details of each item claimed for. (For cameras give make and model number, lens details etc. for watches give make, model, nature and quality of metal from which the case was made, type of strap, number of jewels etc. For jewellery give nature and quality of the metal content, size and type of stones etc.). Purchase receipts, valuations or other documentation to substantiate ownership should be provided wherever possible.

Description of item	Owners name	Place of purchase	Date acquired	Purchase method	Purchase price
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

**Details of damaged, stolen, destroyed or lost money (continue on a separate sheet if necessary).**

Currency exchange slips or bank statements showing the withdrawal of the cash claimed must be provided.

Owner of currency	Amount of cash & travellers cheques taken on trip			Amount of cash lost or stolen during the trip	
	Travellers cheques	Cash	Currency	Cash	Currency

**Baggage delay claims only - detail the essential items purchased due to the delay (continue on a separate sheet if necessary).**

No.	Owners name	Description of item	Date of purchase	Cost	Currency
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

**Loss of passport claims only - detail the expenses you incurred in obtaining a replacement passport or travel document (continue on a separate sheet if necessary).**

Owners name	Expiry date of original passport		Date	Cost	Currency
		Travel	/ /		
		Accommodation	/ /		
		Additional	/ /		
		Total expenses			

# BACS Payment Request Form

Claim Ref:

We are keen to encourage customers who are entitled to payment in respect of a claim to consider receiving their payment by bank transfer. If you do not want to receive payment by bank transfer then please do not complete the form below. If you do not complete the form below then we will send you a cheque for the relevant amount.

**There are a number of advantages in receiving payments by bank transfer:**

Payments are made directly into your bank account

Payments are received more quickly

If you wish us to make claims payments directly to your bank account, please complete the following bank transfer payment request fields and mail it with your accompanying claims documents

Your Name:

Your Address:

Contact Tel:

## Details of the account you want your claim settlement paid into:

You should ensure that your payment details are correct on this form. We shall not be responsible for any incorrect payments arising as a result of the provision of incorrect information. We cannot accept responsibility for the security of the information on this form until it is received by us.

Name of the account holder

Name of the bank

Address of the bank:

### For transfers within the United Kingdom

Sort Code:

Account Number:

### For International transfers only (outside the United Kingdom)

IBAN (International bank account number)

SWIFT / BIC Code

Currency

### How we use your information

Information which you supply to us, including sensitive information relating to health or medical condition, may be used in a number of ways, for example:

- to assess and process your claim
- to prevent crime (including fraud and money laundering)
- for audit, record keeping, statistical analysis and optional customer satisfaction surveys
- to comply with any legal requirement on us or other companies in our group
- to make decisions about you and other people when selling insurance

We may share information with our contractors (including service providers), agents and other international group companies for these purposes. Information may be put on a register of claims and shared with other companies, including insurers, for fraud prevention. We will share information with other third parties if required to do so by law.

We may transfer your information outside of the European Economic Area ("EEA") for the above purposes, including for secure electronic storage. Whenever we transfer or share information outside, or inside, the EEA we ensure that it is protected.

If you give information to us about another person, you will obtain that person's permission beforehand to provide the information and for us to use it as described above.

You can obtain further information by writing to our Data Protection Officer by e-mail to [DataProtectionOfficer@AIG.com](mailto:DataProtectionOfficer@AIG.com) or by post to Data Protection Officer, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB.

SIGNED:

DATE: