



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 for cancellation or abandonment as a result of a natural catastrophe:

- Flight or travel documents showing your booking dates, departure dates and return dates and amount paid to enable us to validate your trip and policy entitlements.
- Accommodation and excursion booking invoices showing your booking dates, departure dates and return dates and amount paid to enable us to validate your trip and policy entitlements.
- Cancellation invoices for each portion of your trip / holiday. For example flights, accommodation and excursions. These cancellation invoices should show the portion of the trip / holiday has been cancelled or not used and detailing the amount you have been charged for cancelling or confirming no refund has been provided. Your trip booking agent / travel agent may be in a position to provide you with these cancellation invoices for insurance purposes.

If you are delayed on any part of your journey as a result of a natural catastrophe:

- Written confirmation from the airline detailing the cause and length of the delay you experienced. This document needs to confirm the original and actual dates and times of departure.
- Original receipts or other proof of purchase documents for additional expenses incurred as outlined in the natural catastrophe section of the policy. Please ensure you number each receipt and add this to the column headed 'Receipt No.' when completing the claims form.

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.

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:

Total amount claiming

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 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"/>

Natural catastrophe

Claim Ref:

Reason for claim- please tick ONE box only

Volcanic eruption Flood Tsunami Landslide Tornado Hurricane Wildfire Earthquake

If you cancelled or abandoned your trip as a result of the natural catastrophe

Details of trip costs and refunds (continue on a separate sheet if necessary).

	Amount paid	Refund due or paid	
Ticket costs	<input type="text"/>	<input type="text"/>	
Accommodation costs	<input type="text"/>	<input type="text"/>	
Pre-paid excursions / Hire car parking	<input type="text"/>	<input type="text"/>	Total amount claimed
Total	<input type="text"/>	<input type="text"/>	= <input type="text"/>

Names and dates of birth of all those cancelling (continue on a separate sheet if necessary).

Name	Relationship	Date of birth	Insured on this policy?
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES / NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES / NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES / NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES / NO

Were you delayed or stranded;

at your departure point in the United Kingdom?

at your international connection point?

on your return journey home?

Please note, if you abandoned you must detail the date & time the next available transport that was offered and complete the abandonment section above.

Scheduled departure	Airport / Ferry port etc	<input type="text"/>	Date	<input type="text"/>	Departure time	<input type="text"/>	Arrival time	<input type="text"/>
Actual departure	Airport / Ferry port etc	<input type="text"/>	Date	<input type="text"/>	Departure time	<input type="text"/>	Arrival time	<input type="text"/>
Length of delay (hours and minutes).	<input type="text"/>	Name of transport carrier:		<input type="text"/>				

Additional expenses (continue on a separate sheet if necessary):

Please number all your receipts and reference them in the Receipt No. column provided.

Please note, we will use an exchange rate based on the monthly average for that currency unless you provide bank statements or Bureau de Change receipts showing the exchange rate used by you.

Receipt No.	Date	Description of item	Currency	Amount	Exch rate
<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"/>
<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"/>

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

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, please supply the following details:

Insurer name	<input type="text"/>	Policy number	<input type="text"/>
Insurer address	<input type="text"/>	Telephone number	<input type="text"/>
Details of any previous claims made on a household or travel insurance policy for similar circumstances.			
<input type="text"/>			

Have these insurers been notified?

YES NO

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

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

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- 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

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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 or by post to Data Protection Officer, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB.

SIGNED:

DATE: