



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 booking dates, departure dates and return dates to enable us to validate your trip and policy entitlements.

For Personal Accident claims:

- Witnesses or third party details involved in the incident.
- A fully detailed account of the circumstances leading to the accident and the injury sustained.
- Completion, in full, of the attached "Access to Medical Records" release of information form.

For Personal Liability claims:

- Witnesses or third party details involved in the incident.
- A fully detailed account of the circumstances leading to the damage or injury of the 3rd party.
- Details of any solicitor you have instructed (please note we are able to provide legal representation on your behalf).
- All correspondence received from any 3rd party or their representatives, this must be unanswered.

For Legal Expenses claims:

- Witnesses or third party details involved in the incident.
- A fully detailed account of the circumstances leading to the injury.
- Details of any solicitor you have instructed (please note we are able to provide legal representation on your behalf).
- Details of the 3rd party or their representative you feel is responsible for the injury.

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:			
<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 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 accident, personal liability and legal expenses

Claim Ref:

Do you hold other insurance that may also cover you for the above circumstances? E.g household, bank, motor or employers liability

YES NO

NB. (A contribution payment is normal practise where 2 policies cover the same loss, this will not affect any no claims discount on that policy)

b. If YES, please supply the following details:

Company name

Address

Contact number

Policy number

Legal expenses

Only applicable for claims for compensation if someone else causes injury or death during the journey or one way trip of the insured person

Please provide contact details of the third party you wish to claim damages against:

Company or contact name

Address & contact number

Have you instructed a solicitor to represent you at this time?

YES NO

if YES, please provide their name and contact details:

Name

Contact details

Personal liability

Only applicable for claims where a 3rd party is claiming damages/compensation from you

Which of the following are you being held liable for:

Damaging or losing someone else's property

YES NO

Injuring someone

YES NO

Have you instructed solicitors to represent you at this time?

YES NO

if YES, please provide their name and contact details

Name

Contact details

Personal accident

Only applicable for claims where a sudden, unexpected and specific event, external to the body, occurs at an identifiable time and place

Which permanent disability is being claimed for?

Loss of limb

YES NO

Permanent loss by physical separation at or above the wrist or ankle or permanent and total loss of use of a limb

Loss of life

YES NO

Loss of life as a result of sudden, unexpected and specific event external to the body

Permanent total disablement

YES NO

The inability to continue in any occupation

Other

YES NO

Please consult your policy wording to determine whether there are other categories you may claim against

ALL CLAIMS: Please describe the circumstances which caused you to claim under any of the above sections:

Access to medical records - patient consent form

Claim Ref:

Access to Medical Records Act, 1988/Access to Personal Files and Medical Reports. (Northern Ireland) Order 1991/Access to Health Records and Reports Act 1993. (Isle of Man) ("The Acts")

To enable Travel Guard EMEA Limited to assess your claim, it may be necessary to obtain medical evidence. Any reports which are requested from your doctors are subject to the Acts. (Please note that Reports requested from Doctors appointed by Travel Guard EMEA Limited are not subject to the Acts). In summary your statutory rights are as follows.

1. A Medical Report cannot be requested from any doctor who has attended you, without your written authority.
2. You do not have to give your consent. If you do consent, you can say whether you wish to see the report before it is supplied. If you do not give consent we may be unable to proceed with your claim.
3. If you say you wish to see the report, we will write to your doctor and tell them, and advise you that we have done so. You will then have 21 days from the date of notification to contact the doctor to make arrangements for you to see the report.
4. The medical practitioner will be informed that you wish to have access to the report and will allow 21 days from the date of the notification for you to see and approve it before it is supplied to us. If the medical practitioner has not heard from you in writing within 21 days of the application for the report being made he/she will assume that you do not wish to see the report and that you consent to it being supplied.
5. If you say that you do not wish to see the report, we do not have to notify you if we apply for one.
6. Whether or not you say you wish to see the report before it is sent to us, you may ask your doctor to show you a copy of the report for up to 6 months after it is supplied. The practitioner may charge a reasonable fee for the cost of supplying a report not exceeding £50.
7. If you see a report before it is sent to us, the doctor cannot submit it until you give your consent. You can write to the doctor, asking that any part of the report which you consider to be incorrect or misleading be amended and to have attached to the report a statement of your views on any part where you and the doctor are not in agreement.
8. The doctor is not obliged to let you see any part of a report if,
 - a) In his/her opinion it would be likely to cause serious harm to your physical or mental health, or that of others.
 - b) It would indicate the doctor's intentions towards you.
 - c) Disclosure would be likely to reveal information relating to, or the identity of, someone else that has supplied information about you, unless that person has consented.

Your Regular GP:

Telephone:

Address:

Fax:

DECLARATION. I DECLARE THAT ALL THE INFORMATION GIVEN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, FULL, TRUE AND CORRECT, AND I UNDERSTAND THAT IF I GIVE INFORMATION THAT IS INCORRECT OR INCOMPLETE YOU MAY TAKE ACTION AGAINST ME, INCLUDING COURT ACTION.

I GIVE PERMISSION FOR MY PERSONAL INFORMATION TO BE USED AND SHARED IN THE WAYS DESCRIBED ABOVE. I CONFIRM THAT I WILL NOT PROVIDE ANY PERSONAL INFORMATION ABOUT ANOTHER PERSON WITHOUT THAT PERSON'S PERMISSION

I DO NOT wish to see the records before they are sent to Travel Guard EMEA Limited.

I DO wish to see the records before they are sent to Travel Guard EMEA Limited.

Patient's Signature

Date:

Full Name

IF YOU ARE SIGNING ON BEHALF OF THE PATIENT, PLEASE STATE THE REASON AND YOUR RELATIONSHIP 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

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

SIGNED:

DATE: