

Bupa travel insurance.

Trip cancellation or amendment 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 or as soon as reasonably possible thereafter. Page 7 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.

Before you begin

Please complete this form using **BLOCK CAPITALS** and **BLACK INK**.

Failure to fully complete the form may cause delays in processing your claim.

Please send completed claim forms with supporting documentation to: **Bupa Travel Claims, Bupa Place, 102 The Quays, Salford M50 3SP, United Kingdom** or by email to **btravclaims@bupa.com**

If you have any questions, please contact our customer service team by telephone: **+44 (0)1134 950 962*** or by email: **btravclaims@bupa.com**. Please be aware that information you send to this email address may not be secure unless you send us your email through Egress†.

*The customer service helpline is open 8.30am to 6pm Monday to Friday and 9am to 1pm Saturdays. We are closed public holidays. We may record or monitor our calls. For those with hearing or speech difficulties who use the Relay UK smartphone app or textphone, use the prefix 18001 followed by the number above.

†For more information and to sign up for a free Egress account, go to <https://switch.egress.com>. You will not be charged for sending secure emails to a Bupa email address using the Egress service.

Claim reference number

Important: Please keep a separate note of this claim reference number and quote it whenever you contact us. If you downloaded this form from our website, a claim reference number will be allocated when your claim form is received by us.

Claim reference number

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Supporting documentation required

Please ensure you enclose the following documents, if not already sent, as relevant to your claim.

- 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.
- Evidence of cancellation or amendment charges, either:
 - for all inclusive tours (package holidays) organised by a tour operator you must attach the tour operator's cancellation or amendment invoice showing charges levied and any refund made, or
 - for independently booked trips you must submit the unused travel tickets (or vouchers) together with official confirmation of the cancellation or amendment charges levied and any refunds made from the airline/ferry company/coach company/hotel.
- Claims related to cancellation or amendment due to medical reasons** – if the cancellation or amendment is due to medical reasons, please ensure the medical certificate on this claim form is fully completed by the claimant's doctor. Failure to have the medical certificate completed will delay the processing of your claim.
- Claims due to bereavement** – in the event of cancellation or amendment due to bereavement, please provide a certified copy of the death certificate.

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

To see how we use your information, please read our privacy notice on page 8.

Title (please tick or list title if other) Mr Mrs Miss Ms Other

First name(s) Surname

Address

Postcode

Country

Daytime telephone number

Mobile telephone number

Email address

Date of birth

Occupation

Your policy number

Trip details

Please tell us about the details of the trip here.

The country(ies) visited/intended to visit

For business schemes, please advise us of the following details.

The company name

Name of the employee

Occupation

Relationship to claimant (if different)

The period of your original trip giving total number of days.

From To

Total number of days

The period of your amended trip giving total number of days.

From To

Total number of days

Date you/they returned

Date you/they should have returned

Date on which your trip was first booked

Purpose of trip (please tick as appropriate) Business Leisure

Trip details (continued)

Please tell us about the details of the trip here.

Date on which you were advised to cancel/amend

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date on which you gave the cancellation/amendment instruction

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

How did you give the cancellation/amendment instruction (*please tick*)

Verbally Written (including fax and email)

If the dates provided above differ, please explain reason here.

Please describe the exact circumstances which have caused you to cancel/amend the trip. Please continue on a separate sheet if necessary. If the reason for cancellation/amendment is not of a medical nature we will require original documentary evidence to support the claim.

Who are you claiming for

Please list all persons cancelling/amending their trip who are covered under the policy. Please include their relationship to the person named on the medical certificate.

Name	Relationship to main insured	Date of birth						
		<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			
		<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			
		<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			
		<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			
		<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			

Was the person on the medical certificate due to travel on this trip? Yes No

Medical self-declaration for coronavirus self-isolation

Only complete this page if you are claiming for cancellation or an amendment due to coronavirus illness or self-isolation coinciding with the period of the booked travel.

If you complete this medical declaration, you DO NOT need to complete the medical certificate on Page 5.

If you have self-isolated in the last 7 days, you can also complete the online NHS Isolation note <https://111.nhs.uk/isolation-note/> which you can then attach to your claim.

You only need to complete this for one person who has had to self-isolate.

Full name of the person who had to self-isolate

Their date of birth

Date that the self-isolation started

Date that self-isolation ended or is due to end

Declaration

I declare the medical self-declaration information is true and correct. I understand that any fraudulent claims will not be paid and may result in termination of my cover and appropriate legal action being taken.

Signature

Date

Medical certificate

DO NOT complete this if you are claiming due to Coronavirus self-isolation and have completed the 'Medical self declaration for coronavirus self-isolation' on page 4.

The following medical certificate must be completed and stamped (official stamp) by the patient's usual GP or attending specialist in the event of a claim due to medical reasons.

Dear medical practitioner,

To avoid delay and unnecessary correspondence please complete this certificate in block capitals, answering each question as fully as possible. Any fee for completing this certificate is the responsibility of the patient/claimant.

Name of person to whom these details apply

Date of birth of patient

When did the patient first consult you with regard to this condition? Please give the date and time of the diagnosis.

Date first consulted

Date of diagnosis Time of diagnosis

Please state exact nature of the illness/injury which made cancellation/amendment of the original trip medically necessary.

Has the patient received a terminal prognosis? Yes No

If **YES**, please provide date that terminal prognosis was given

Please provide details of any pre-existing conditions which relate directly or indirectly to the cause of this claim. Please include the original date of diagnosis and confirm the treatment/medication given and the date received (continue on a separate sheet if required).

Medical certificate (continued)

If cancellation/amendment has occurred due to a pregnancy related condition, please describe the condition and why the pregnancy necessitates cancellation/amendment.

Date pregnancy confirmed

Expected delivery date

Were you aware of the trip plans when you were first consulted? Yes No

Please confirm the date that cancellation/amendment could have been reasonably anticipated

On the date the trip was booked, was the patient on a hospital waiting list for treatment for the condition which caused cancellation/amendment? Please refer to question 8 on page 2 for date on which the trip was booked. Yes No

If the patient was due to travel on the aforementioned trip, was the patient fit to travel on the date the trip was booked? Please refer question 8 on page 2 for date on which the trip was booked. Yes No

If the patient was not due to travel on the aforementioned trip, what was the patient's state of health on the date the trip was booked? Please refer to question 8 on page 2 for date on which the trip was booked.

I certify that the only reason for cancellation/amendment was due to the medical reasons stated above.

Name (print)

Name and practice address (official stamp)

Signature

Qualifications

Date

Length of time you have known the patient Years

Other insurance details

Please tell us about the details of any medical insurance schemes here.

Do you have any other insurance/organisation which may cover this claim? Yes No

If **YES**, please supply the name of the organisation/insurer, address and membership/group or policy number.

Name of organisation/insurer

Address

Postcode

Membership/group or policy number

Do you have any bank accounts, which you pay for which may cover your claim? Yes No

If **YES**, please supply details of the policy.

Name of bank

Address

Postcode

Has anyone else contributed to the costs of your trip? Yes No

If **YES**, please provide details including:

Name of contributor

Amount contributed

Further details

Was a credit card used to pay all or part of the trip cost? Yes No

If **YES**, please supply the following information.

Type of card

Cardholder's name

Last 4 digits of your credit card number (For data security we don't need the full number.)

Please detail the amount of the claim below.

Independent arrangements (Please state currency of payment)

Ticket cost	Amount refunded	Net claim
-------------	-----------------	-----------

Accommodation cost/or other	Amount refunded	Net claim
-----------------------------	-----------------	-----------

Total amount claimed

Package trips only (Please state currency of payment)

Deposits paid	Balance paid	Total
---------------	--------------	-------

Amount refunded

Total amount claimed

Payment method

You can choose to receive payment for your claim either via Bank Transfer (UK Banks only) or cheque. Payment can only be made to the insured person, we cannot pay third parties directly. Please select your preferred payment method below.

Important: Bupa are not responsible for clearance fees, currency exchange fees, or time taken to process payments.

Bank Transfer (UK Banks only) Cheque (issued in Pounds Sterling)

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

Name

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

Account holder's name

Bank/building society name

Bank/building society address

Postcode

Sort code - -

Account number

Declaration

To see how we use your information, please read our privacy notice on page 8.

Please read the following carefully.

Prior to returning the claim form please study the policy wording and read the conditions, exclusions, and policy section that relates to your claim.

Please note that Bupa is not responsible for the costs of obtaining documentation in support of the claim.

The information on this form will be used by us to deal with any claim. We may also pass this to any other insurers and organisations involved in dealing with any claim. In order to detect, prevent and help with the prosecution of financial crime, we may share information with fraud prevention or law enforcement agencies, and other organisations. If another person or organisation administers or funds your Bupa services, we may inform them if we suspect fraudulent activity.

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 Bupa all rights of recovery/salvage of any person or organisation and will do whatever else is necessary to secure such rights.

I/We confirm that, where I have claimed on behalf of any other person, I have checked with them that their information is correct and I have their express agreement to submit this form on their behalf (or I am their legal representative).

Submission of this claim is validation that the content is true and accurate.

Date

Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com

Information about us

In this privacy notice, references to 'we', 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit bupa.co.uk/legal-notice

1. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, health-care providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

4. Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text.

We only use your personal information to send you marketing if we have either your permission or a legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**

6. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8. Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the European Economic Area (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

9. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate).