

TRAVEL CLAIM FORM

MEDICAL AND CURTAILMENT



(Please return this form to your Insurance Broker or claims@oak-underwriting.com)

DETAILS OF THE POLICY HOLDER AND POLICY

Name	
Address	
Postcode	
Telephone	
Work telephone	
Email address	
Date of birth	
Policy number	
Renewal date	

PLANNED TRAVEL DATES

Outward journey date/time	
Return journey date/time	
Country	
Destination	

NAME OF PERSONS CLAIMING UNDER THIS INSURANCE

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	
Person 6	

REQUIRED DOCUMENTATION

Please send the following documentation (where relevant) in order to prevent any delays on your claim.

Medical pre-screening confirmation (if applicable).
Holiday booking invoice showing the date the holiday/trip was booked, who was booked to travel, the travel dates, the destination and the amounts paid.
All medical receipts and invoices.
Medical report from the treating doctor.
The Medical Certificate completed by the usual GP.
Winter Sports: Written confirmation from the treating doctor that you were unable to use the remaining proportion of your ski pack.
Winter Sports: Original receipts/invoices for the ski pack items showing how many days you were booked for and the amount paid.
Curtailment: The tour operators report into the incident which caused the curtailment.
Curtailment: Any flight tickets/boarding passes etc. which confirms the return journey home.

DETAILS OF CLAIM

Please confirm the nature of the injury/illness/accident		
Date of injury/illness/accident		
Place of injury/illness/accident		
If you are claiming because of illness – Have you previously suffered from this condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you admitted as a hospital inpatient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, date admitted		
Time admitted		
Date discharged		
Time discharged		
Were any of your party or family required to attend to you whilst in hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How were you transported to hospital?		
Approximate distance between hospital and resort:		
Were the medical assistance company contacted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please confirm date & time		
And the reference		
If No, please confirm why		

MEDICAL ACCOUNTS ALREADY PAID

Description	Amount paid	Date paid	Did you use a EHIC?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Total			

OUTSTANDING MEDICAL ACCOUNTS STILL AWAITING PAYMENT

Description	Invoice amount
Total	
Do you expect any further medical invoices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details	

ADDITIONAL RETURN HOME/TRANSPORST COSTS (if applicable)

Description	Amount paid
Total	

SKI PACK COSTS (if applicable)

Ski pass	From	To	
Ski/equipment hire	From	To	
Ski lessons	From	To	
Total			

CURTAILMENT CLAIMS ONLY

Date you were advised to curtail your trip	
Who advised that curtailment of your trip was necessary	
Names of people claiming under this insurance	
Person 1	
Person 2	
Person 3	
Person 4	
Person 5	
Person 6	

Is there any other insurance in force on the loss claimed for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, name and address of insurer	
Policy/reference number	

BANK DETAILS

Account name	
Account number	
Sort code	
Name of bank	

I/We declare that to the best of my knowledge and belief all information provided is correct. I understand that some of the information I have provided will be made available to other insurers for claim handling purposes. I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the giving of such information. I agree that I will supply all requested, necessary documents in support of my claim at my expense.

Date	Signature
Date	Signature

ADDITIONAL INFORMATION