

Travel Claim Form



Please send completed claim form and documentation to: claims.accidentandhealth@intactinsurance.co.uk

Alternatively send to: Intact Insurance, Travel Claims, PO Box 256, Wymondham NR18 9DQ

Reference number:

Date:

Medical expense claims

Please indicate the nature of the injury/illness together with details of the period of disablement and provide the name and address of the doctor attending together with medical certificates in support of your claim.

Cancellation/curtailment/change of itinerary and/or travel delay claims

Please give reason for claiming, name and address of your travel agent and a full breakdown of the amount claimed. Medical certificates should be provided in all cases of injury/illness. For claims relating to the delay of a ship or aircraft, written confirmation should be obtained from the carrier of the period of delay and the reason for it.

Insured

Full name:

Policy number:

Business address:

Business description/employing division:

Insured person

Name:

Date of birth:

Reference number:

Address:

(Home or business may be used for any written correspondence)

Relationship & Occupation to the Insured:

(e.g. Director/employee/other, if other please provide details)

Travel Claim Form



Purpose of travel

Please tick whether the journey was for business or pleasure:

Business

Pleasure

Duration of trip: From to

The date of the trip booked:

Under which section(s) do you wish to claim?

(Please tick as appropriate)

Medical expenses

Cancellation

Baggage – business items

Personal money

Personal liability

Baggage – personal items

Other, please specify:

Incident details

Date:

Time:

Country of incident:

Country of residence:

Description of circumstances

(continue on a separate sheet if necessary)

(Please refer to Page 5 for further guidance regarding proof of Loss)

Travel Claim Form



Details of claim – Baggage

Items lost or damaged (Continue on a separate list if necessary)	Original date of purchase	Cost in £ (or indicate other currency)	Amount claimed in £ (or indicate other currency)	Tick if receipt is attached
				Total

Receipts attached: if replacement receipts please mark accordingly on receipt for our reference and advise if you require the receipt to be returned to you. (Please refer to Page 5 for further guidance regarding proof of loss)

Where receipts not attached, will you be able to submit receipts later All later Some later No

If 'No', please provide reasons:

1. **What is the primary purpose of the study?** (e.g., to evaluate the effectiveness of a new treatment, to explore the relationship between two variables, to describe a population, etc.)

Were police/local authorities/airline contacted?

Yes No

If 'Yes', please provide the Crime Reference number and/or copy of the property irregularity report.

1. **What is the primary purpose of the study?** (Please indicate all that apply)

If 'No', please provide reasons incident not reported:

Travel Claim Form



Money

Location of loss:

Total amount claimed in £ sterling:

Was the money lost in cash?

Yes

No

Money supporting documents

(e.g. bank statements showing withdrawals, or currency exchange receipts)*

Attached

To be submitted

No

as soon as practicable

If 'No', please give reasons

Has the loss been reported to the police?

Yes

No

If 'Yes', please state the time, date and police station:

If available, has the police report been attached?

Yes

No

Was the money solely for payment of accommodation, meals or travelling costs?

Yes

No

Cancellation, curtailment and change of itinerary

Can you provide details of expenditure incurred together with supporting documentation/invoices/receipts for the total amount claimed? (Please refer to Page 5 for further guidance regarding proof of Loss)

Total amount claimed £

(or indicate currency)

Supporting documentation/invoices/receipts attached? Yes

To be submitted

No

If 'No', please give reasons:

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Cancellation (continued)

Is the person who fell ill or was injured covered under any other policy for the cost of private medical treatment?

Yes No

Do you hold a European Health Insurance card?

Yes No

Were you travelling against medical advice?

Yes No

Have you contacted the emergency medical assistance company?

Yes No

If 'Yes', please provide their reference number:

If 'No', please provide the name and address of the doctor/hospital who provided treatment:

Proof of loss

Money

<input type="checkbox"/>	Supporting documentation in the form of withdrawal receipts, credit/debit card statements detailing the withdrawal, exchange receipts issued by Bureau de Change.
<input type="checkbox"/>	If the claim is in respect of fraudulent use of a credit card a copy of the Terms and Conditions of the credit card use should be provided together with statements detailing the fraudulent transactions.
<input type="checkbox"/>	Details from the credit card company as to the date and time that a stop was placed on the credit card.
<input type="checkbox"/>	Police reports
<input type="checkbox"/>	In the case of Travellers Cheques please confirm that they have been stopped or if not why, the issuing banks details and the cheque numbers.

Baggage

<input type="checkbox"/>	Documentation in support of the amount claimed this should be in the form of either original receipts, credit/debit card statements detailing the original purchase or operating manuals for cameras and electronic devices.
<input type="checkbox"/>	Where an item has been damaged a repair estimate should be provided if the item is beyond economical repair confirmation should be forwarded from the repairer and a replacement estimate/invoice provided.
<input type="checkbox"/>	Should a claim be for a lost mobile phone we will require written confirmation from the mobile phone provider confirming when the loss was reported to them and when the SIM was blocked. We will also ask for confirmation of any costs to replace through the same provider.
<input type="checkbox"/>	If the items were lost, damaged or stolen whilst under the care of the Airline a Property Irregularity Report (PIR) form, tickets and baggage tags will be needed.
<input type="checkbox"/>	For delayed luggage claims, we require receipts for all emergency items purchased together with confirmation from the Airline detailing the duration and cause of the delay.
<input type="checkbox"/>	Confirmation that a recovery has not been made from the Airline or any other insurer or if it has value of the same.
<input type="checkbox"/>	Confirmation that the lost passport has been reported to the consular representative of the relevant issuing country within 24 hours of discovery.
<input type="checkbox"/>	Receipts in support of the additional cost of travel and accommodation incurred in obtaining a replacement passport.

Travel Claim Form



Payee details (should your claim be accepted)

If you have incurred costs which are to be reimbursed were any of the costs incurred on a company credit card?

Yes

No

If 'Yes', please provide cost centre

Name of the account holder:

Name of bank:

Full Postal Address of Bank:

IBAN Number (Europe Only)/Account No:

SWIFT or BIC code/Sort Code (UK):

Declaration

I declare that the statements on this form and the information provided in addition are true and complete to the best of my knowledge and belief.

Signed

Date: