

# travel insurance claim form

## ALL OTHER CLAIMS

- Please ensure you provide all requested information and documentation
- Please keep a copy of your claim
- Usually we'll respond to your claim within 10 working days from the day we receive it

**return address:** Right Cover – claims team  
PO Box 9386, Chelmsford, Essex, CM1 9BD

OFFICE USE ONLY:      **NEW**      **EXISTING**

Claim number:

Date received:

## your details

Title      First name  
     

Surname

Date of birth      Passport number  
     

Occupation

Email address

Home address

County      Postcode  
     

Home phone      Mobile  
     

Work phone      Fax  
     

Name of your travelling companion      Their contact number  
     

## your policy

Policy number      Date issued  
     

Travel agency name and location      Travel consultant's name  
     

Date insurance paid for      Date travel arrangements booked  
     

Date departed      Date returned  
     

## your health

Did you apply and pay for any Existing Medical Condition cover?  
Yes       No

If **Yes**, please provide the reference number below

## other insurance/claims

Can you claim/have you claimed from any other source? (e.g. airline, transport provider, travel agent, third party etc.)      Yes       No

Details      Amount received  
      £

Do you have private health insurance?      Yes       No

Name of fund      Policy number  
     

Can you claim from them for this event?      Yes       No

If **Yes**, include your statement of benefits giving evidence of the amount received.

Have you made a travel insurance claim in the past?      Yes       No

If **Yes**, please give details

Date      Company name  
     

Amount claimed      Type of claim  
£      

Certain credit cards may provide basic travel insurance cover which may also cover your loss. Do you have credit card/s?      Yes       No

If **Yes**, with which provider and which card type/s?

Provider (e.g. Barclays)      Type (e.g. Gold Visa)  
     

Did you purchase part or all of your travel on the card/s?      Yes       No

## settlement of your claim

We will deposit the amount payable directly to the bank account you nominate.  
*NOTE: We cannot deposit to credit card or non-UK accounts.*

Sort code (must be 6 digits)      Account number (must be 8 digits)  
     

Name of account holder      Name of bank  
     

## warning

To avoid passing the cost of dishonest and fraudulent claims on to you, our honest policy holder, we are strongly committed to investigating claims. All cases of fraud will be reported to the Police and can also result in civil action by the insurers.

## your declaration

I/we declare that all statements and particulars stated on this form and all documents submitted are true and correct. I/we have not withheld any material information connected with this claim that will inhibit the insurers ability to make a fair and reasonable assessment of my claim.

I/we assign to insurers all rights of recovery/salvage against any person or organisation and will cooperate to secure such rights.

I/we acknowledge that the underwriter or it's agents may give to and obtain from any other insurer or insurance reference bureau, information relating to this or any other insurance held by me/us, or any claim made by me/us and I also authorise any other insurer to provide information relating to this or any claim made by me.

Your name      Your name  
     

Signature      Signature  
     

Date      Date

**please tell us what happened in as much detail as possible**

Date of incident  Time  Am/pm  Country  Town  Whereabouts

Explanation (Please attach a letter if more space is required)


What action did you take following this event?


Description of amount claimed	Amount claimed	Date

**medical authority**

To be completed by the person whose state of health caused the claim or the Executor of the Estate, if applicable

I authorise the insurer or its representatives to obtain from any person or organisation any information in respect of treatment for the condition/s which resulted in this claim. I acknowledge that a photocopy of this authorisation shall be considered as valid as the original

Surname  First name  Date of birth  Signature

Name of usual doctor in the UK  Doctor's phone  Doctor's fax

Doctor's address (include post code)

## details of the amount claimed

**NB:** Failure to supply the required documentation will result in the delay of the claim process.

		Cancellation costs		OR	Amendment costs
	Name of supplier	Amount paid	Amount refunded by supplier	Cancellation costs	
Flights (excluding taxes)		-	=		
		-	=		
		-	=		
Flight taxes		-	Fully refundable by the airline	£0	
		-			
Packages		-	=		
		-	=		
		-	=		
Accommodation, car hire, rail passes etc.		-	=		
		-	=		
		-	=		
	<b>TOTAL</b>				

### IMPORTANT: REQUIRED DOCUMENTATION

Please supply an Itinerary/Tax Invoice showing the breakdown of the flight fare and taxes.

Include a copy of the original itemised invoice, showing all arrangements booked.

Include a copy of the refund advice/invoice showing the amount charged and amount refunded.

Include copies of the booking conditions showing published cancellation penalties.

If a flight or any vouchers etc are 100% non-refundable, the original tickets or vouchers must be sent with your claim form.

### To be completed by your travel agent (if applicable):

I certify that the information stated on this form is true and correct

Travel consultant's name

Travel consultant's signature

Travel agency store name and address

Date

Phone

Fax

Email address

## documentation we require to process your claim

Please check your claim and before you send it to us please ensure that you attach the following ORIGINAL documents:

Attached (Please tick)

### ALL CLAIMS

- Your original travel itinerary, travel tickets, booking invoice to confirm travel.
- A copy of your Certificate of Insurance

### MUGGING

- The original Police report made within 12 hours of this event
- A hospital report which confirms the your admission as an in-patient following the mugging

### HIJACKING

- A police report confirming the hijack and how long it lasted

### PERSONAL ACCIDENT AND DEATH

- For Personal Accident, a detailed medical report confirming nature and extent of your injury and the fact that it has caused permanent total disability. We may also require you to be examined by a medical officer we nominate.
- For Death, full medical reports if medical treatment necessitated by an accident.
- A full copy, not an extract, of the Death Certificate (must state the cause of death).
- Any relevant reports confirming the events surrounding the accident or accidental death e.g. Police Report
- The Medical Authority must be completed by the person whose state of health caused the claim or the Executor of the Estate. If required, we will write to the doctor directly to request further information to assess your claim.

### PERSONAL LIABILITY

- A full account of the incident which caused the claim. Remember, you must not negotiate, pay, settle, admit or deny liability without our written permission to do so.
- Letters, writs, summons or any other documentation you receive in relation to this matter.

### STUDENT LOAN

- A detailed medical report confirming the nature and extent of your injury and the fact that it has caused permanent total disability. We may also require you to be examined by a medical officer we nominate.
- For Death, full medical reports if medical treatment necessitated by an accident.
- A full copy, not an extract, of the Death Certificate (must state the cause of death).
- Any relevant reports confirming the events surrounding the accident or accidental death e.g. Police Report
- The Medical Authority must be completed by the person whose state of health caused the claim or the Executor of the Estate. If required, we will write to the doctor directly to request further information to assess your claim.
- Relevant documentation from the loan provider and educational institution.

### EXAM RESIT

- Written evidence from the educational institution of the exam resit dates and when these were made public.
- The published booking conditions which support the amount (from each operator if applicable) that you are claiming.
- If non-refundable, we require the original tickets and vouchers
- The relevant part of the claim form completed by your travel agent (where your trip was booked with a travel agent).

### PISTE CLOSURE

- Written confirmation form the resort authorities or ski lift operators for the period that no skiing was available due to lift closures.
- Original receipts for travel and ski pass costs

### AVALANCHE COVER

- Your travel itinerary confirming scheduled departure and arrival times
- Documented evidence of an avalanche affecting the area of your travel.
- Original itemised receipts for additional travel and accommodation expenses.

### GREEN FEES

- A written statement from the golf club secretary confirming the date and reason for the course closure
- Original itemised receipt for the green fees pre-paid.

### HOLE IN ONE COVER

- A written statement from the golf club secretary confirming the competition name and date.
- A certified copy of your score card countersigned by the Official Scorer for the competition
- The original Golf Club bar receipt for customary bar expenses

### DELAYED BUSINESS SAMPLES

- Original itemised receipts for courier expenses
- A written report (Property Irregularity Report or P.I.R.) from the involved transport provider stating that the loss, theft or damage has been reported to them in the relevant time and confirming the amount they will be compensating you. Travel insurance protects you, subject to your policy limits, against remaining losses once compensation has been paid to you by the relevant party. Compensation must be claimed from the transport provider first, before submitting the claim to us.

### REPLACEMENT EMPLOYEE

- The Medical Authority must be completed by the person whose state of health caused the claim or the Executor of the Estate. If required, we will write to the doctor directly to request further information to assess your claim.
- If the trip was cancelled due to the illness, injury or death of a Relative or Business Associate you must also have that person's USUAL general medical practitioner complete the MEDICAL CERTIFICATE.

Please include any other documentation you wish us to consider.

If you have not provided any of the required documents please tell us the reason why in writing.

# medical certificate

To be obtained at the claimant's expense from the patient's usual doctor in all cases of Amendment or Cancellation Costs resulting from accident, illness or death

**IMPORTANT:** The medical attendant is respectfully requested to give as much detail as possible in order to assist our client and avoid the necessity of additional enquiries. The claimant is responsible for any fee imposed. **\*\* PLEASE USE BLOCK LETTERS \*\***

1. Full name of patient

Date of birth

2. Patient's relationship to claimant

3. Are you the patient's usual GP? Yes  No

If **Yes**, for how long?

If **No**, please provide full details of the patient's usual GP

4. a Please give a precise diagnosis of the illness, injury or cause of death. If an injury, how was it sustained?

b If due to a pregnancy, on what date was the pregnancy confirmed?

c How many weeks pregnant was the person on this date?

d Was the conception medically assisted? Yes  No

e Have there been complications with this or any other pregnancy? Yes  No

f Expected delivery date

5. Date of onset of illness, injury or date of death

6. Date on which you were first consulted in relation to this

7. Date referred to specialist

8. Date tests prescribed and carried out

9. Date results advised to patient

10. Date there was a deterioration

11. Name and address of specialist/surgeon

12. Have you or anyone else previously treated the patient in respect of the same/similar/related illness or injury as described in question 4? Yes  No

If **Yes**, state if same illness or injury, or specify similar/related illness or injury (please give full details including dates)

13. Was the patient advised to continue this treatment and/or medication

■ Until departure on this journey Yes  No

■ Whilst on this journey Yes  No

14. Was the patient hospitalised? Yes  No

Yes  No

If **Yes**, advise admission date

15. a Please provide details of the patient's health at the time when the insurance was issued and the likelihood of the patient's health causing a claim (see claimant for exact date)

b Was the patient being treated for the condition which caused the cancellation or curtailment at or prior to the date the insurance was issued? Yes  No

Yes  No

16. Was the patient on a waiting list for admission to hospital? Yes  No

Yes  No

If **Yes**, please state

Date they were on the waiting list

Date of admission

17. Was it reasonable of the claimant to continue with travel plans considering the answer to the other questions? Yes  No

Yes  No

18. Are you prepared to certify that solely due to the condition described in question 4, the claimant/s was/were required to cancel or curtail the travel arrangements? Yes  No

Yes  No

**THE FOLLOWING QUESTIONS ONLY APPLY IF THE PATIENT WAS IN THE TRAVELLING PARTY**

19. Date it became apparent the patient would not be able to travel (if applicable)

20. How long was or will the patient be prevented from travelling?

from  to

21. Had the patient planned to travel against your prior advice? Yes  No

Yes  No

If **Yes**, please give details

22. Did the patient travel overseas for the purpose of obtaining medical treatment or advice for medical treatment? Yes  No

Yes  No

If **Yes**, please give details

**I certify that the statements contained in this Medical Certificate are true and correct.**

Doctor's name

Doctor's signature

Date

Qualification

Phone

Fax

Address

Company stamp