

Medical Expenses & Medical Disablement Claim Form



Please complete this claim form fully and return to us.

Hospitals, clinics and doctors should preferably send the Claim Form to a Euro-Center in your area.

Personal details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other	<input type="text"/>	
Family name	<input type="text"/>		First name	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N.I number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Daytime tel no.	<input type="text"/>	Evening tel no.	<input type="text"/>	
Email address	<input type="text"/>			

Policy details

Company name	<input type="text"/>	<i>If applicable</i>	
Policy number	<input type="text"/>	Date of issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of booking	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Destination	<input type="text"/>
Date of travel	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of return	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Travel agent	<input type="text"/>	Tour operator	<input type="text"/>

Claim details

Onset date of illness or accident	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place accident / injury / illness occurred	<input type="text"/>
Full description of illness / accident including nature of injuries	<input type="text"/>		
Have you suffered from a related medical condition in the previous 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'yes' was this condition declared?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Reference No.	<input type="text"/>		
Did you extend your trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'yes' how long for?	<input type="text"/>		
Did you contact our 24 hour emergency service?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you hospitalised as a result of the illness / accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'yes' please provide dates	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of treating doctor	<input type="text"/>		
Address of clinic / hospital	<input type="text"/>		

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Information we need from you for possible recovery opportunities

Your Travel Policy has conditions attached whereby you must provide us with any information that assist any recovery actions. This is a standard practice in the insurance market and contributions made from other insurance cover serve to keep the costs of your premiums down. The information provided should not affect your renewal premiums or no claims discount.

Please answer the following questions and provide details as required. For questions that require a YES / NO response, please tick the appropriate boxes. Failure to do so may delay your claim.

1. Do you have a bank account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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A bank account you hold may offer Travel Insurance cover as part of the benefits. Under no circumstances will your bank account information be used other than to obtain a contribution from the Travel Insurance provider. This will not affect your bank account in any way.

	Name of Insurer (e.g. HSBC)	Type of card e.g. Visa	Cardholder name	Card number
Bank Account				

2. Was a credit card or debit card used to pay all or part of the trip cost? (Certain credit or debit cards provide an element of travel cover)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	Name of Insurer (e.g. HSBC)	Type of card e.g. Visa	Cardholder name	Card number
Bank Account				

3. Do you have a Household Contents insurance policy? (Some household contents policies provide an element of travel cover)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	Name of Insurer (e.g. HSBC)	Type of card e.g. Visa	Cardholder name	Card number
Bank Account				

4. Do you hold any Private Medical Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	Name of Insurer (e.g. HSBC)	Type of card e.g. Visa	Cardholder name	Card number
Bank Account				

5. Do you consider anyone to blame for the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details.

It is a condition of the policy and your responsibility to provide sufficient documentation to support your loss. Failure to provide the required documentation, including the details of any other insurances, will delay and may invalidate the claim.

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Claimants declaration and signature

1. I declare that all details and particulars given in respect of the claim(s) made herein constitute a true and accurate statement.
2. To the best of my knowledge and belief I have not omitted any material information which would affect the insurers assessment of this claim.
3. I confirm that where a claim or claims are made in respect of others, I have their full authority to act on their behalf. I also confirm that they have been advised that 'starttravel.co.uk (ERV)' will not accept any liability if any payments are not distributed proportionately to the persons concerned.
4. By signing this declaration I subrogate all rights I may have against a third party to 'starttravel.co.uk (ERV)' or its authorised representatives.
5. Where a claim involves a potential refund from the NHS or DSS under a reciprocal health agreement, or from any insurance company or other interested party, I instruct them to remit any such refund to 'starttravel.co.uk (ERV)' or its authorised representatives such as Fogg Travel Insurance Services Ltd.
6. I am aware that an insurance claim made in the knowledge that any element thereof is fraudulent is a criminal offence and that this will invalidate the policy and will render me liable to prosecution.
7. I am, by this notice, aware that 'starttravel.co.uk (ERV)' will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties 'starttravel.co.uk (ERV)' maintain all data in accordance with the provisions of the Data Protection Act, 1984.

I have read and understand the declaration above and included the necessary documents to substantiate my claim.

Claimant(s) full name(s)

Clients signature

Date

Full name of an authorised representative of the corporate policy holder (corporate and / or education group cover)

Signature of authorised
representative

Date

I / We authorise

Client's signature

to act on my behalf in this matter.

Date

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This insurance is underwritten and administered by the United Kingdom branch of Europäische Reiseversicherung (ERV) A.G. an ERGO Group Company incorporated and regulated under the laws of Germany, Companies House Registration FC 25660. ERV is authorised by the Bundesanstalt für Finanzdienstleistungsaufsicht (BAFIN - www.bafin.de) and the Prudential Regulation Authority and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details of the extent of our regulation by the Prudential Regulation Authority, and regulation by the Financial Conduct Authority are available from us on request. Our registration number is 220041.

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