

Medical Expenses & Medical Disablement Claim Form



Please complete this claim form fully and return to us.
Please ensure that you quote your claim number on all correspondence.

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"/>		
		Post code	<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"/>	If applicable	<input type="text"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'yes' was this condition declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Your Reference No.	<input type="text"/>		
Did you extend your trip?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'yes' how long for?	<input type="text"/>		
Did you contact our 24 hour emergency service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were you hospitalised as a result of the illness / accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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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Particulars of claim

Medical Expenses Schedule (original documents required)				
Type of expenses (e.g. doctor's fee, prescription, travel costs)	Name of Provider (doctor, hospital etc.)	Amount & currency claimed	Has this been paid by yourself?	If unpaid shall we pay direct to provider?

Documents required

- a. Policy Certificate / Schedule and / or tour operator's invoice proving insurance cover.
- b. Medical invoice to support details of injury / illness.
- c. Original travel tickets.
- d. In case of death, a photocopy of the Death Certificate.
- e. Original invoices for all other expenses you may wish to claim.
- f. Your EHIC Number.
- g. Any accident report or police report if applicable.

Enclosed

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"/>
	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have received payment from any other source, please declare from whom and the amount :

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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 bank (e.g. HSBC)	Type of account	Account holder name	Account 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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	Card issuer	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	Policyholder name	Policy 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	Policyholder name	Policy 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 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 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 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 consent to ERV :
 - a. recording, storing and using my personal data in an electronic record of this claim ; and
 - b. sharing the record of this claim, including my personal data, with other insurers and interested parties as part of insurance industry anti-fraud initiatives ;in accordance with the General Data Protection Regulation.

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

Claimant (s) full name (s)	<input type="text"/>		
Clients signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

	<input type="text"/>		
Signature of authorised representative	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I / We authorise	<input type="text"/>	to act on my behalf in this matter.
Client 's signature	<input type="text"/>	Date
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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The Financial Ombudsman Service, South Quay Plaza 2, 183 Marsh Wall, London E14 9SR
www.financial-ombudsman.org.uk

The Association of British Insurers, 51 Gresham Street, London EC2V 7HQ
www.abi.org.uk

Confidentiality and data protection

Consent

When you bought your policy you gave explicit consent for your personal data, and that of others insured under your policy, to be collected and processed by us in accordance with this Data Protection Notice.

When you make a claim you may also provide us with personal information about you, other insured persons and others on whom your trip and claim might depend. When providing us with Personal Information about another individual, you confirm that you are authorised by them to provide it for use as described below.

How we use your personal data

We use your personal data for the purposes of providing you with insurance, handling claims and providing other services under your policy and any other related purposes (this may include underwriting decisions made via automated means). We also use your personal data to offer renewal of your policy, research or statistical purposes and to provide you with information, products or services that you request from us or which we feel may interest you. We will also use your personal data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations.

We collect and process your personal data in line with the General Data Protection Regulations and all other applicable data protection legislation. The Data Controller of the arrangement and processing of this policy and the handling of claims under it, is ERV.

Special categories of personal data

Some of the personal data you provide to us may be more sensitive in nature and is treated as a Special Category of personal data. This could be information relating to health or criminal convictions, and may be required by us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes as set out in this notice.

Sharing your personal data

We will keep any information you have provided to us confidential. However, you agree that we may share this information with other companies within the ERV Group and with third parties who perform services on our behalf in administering your policy, handling claims and in providing other services under your policy. Please see our Privacy Statement for more details about how we will use your information.

We will also share your information if we are required to do so by law, if we are authorised to do so by you, where we need to share this information to prevent fraud.

We may transfer your personal data outside of the European Union (EU). Where we transfer your personal data outside of the EU, we will ensure that it is treated securely and in accordance with all applicable data protection legislation.

Your rights

You have the right to ask us not to process your personal data for marketing purposes, to see a copy of the personal information we hold about you, to have your personal data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask us to provide a copy of your personal data to any controller and to lodge a complaint with the local data protection authority.

The above rights apply whether we hold your personal data on paper or in electronic form.

Your personal data will not be kept for longer than is necessary. In most cases this will be for a period of seven years following the expiry of the insurance contract, or our business relationship with you, unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.

Further information

Any queries relating to how we process your personal data or requests relating to your personal data rights should be directed to :

Data Protection Officer, ERV, Afon House, Worthing Road, Horsham, RH12 1TL, United Kingdom

Email : Dataprotectionofficer@erv.co.uk

Phone : +44 (0) 1403 788 510

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Settlement by BACS

For your convenience and to offer an efficient smoother service, we would like to pay any claim settlement due directly into your bank account. Please provide ALL your details on this form as requested below, remembering to sign and date also.

If you do not wish to provide your bank details, any settlement due on your claim will be issued by cheque and may take a little longer to process.

You will receive an email from us to confirm when this payment has been made.

Your details

Name of Claimant

Email Address

Where we will send confirmation
of payment

Bank account details

Name of Payee

This should be the same as held
on the bank account

Bank Name

Bank Address

inc. Country and Postcode

Bank Account Number

Sort Code

If your bank account is held abroad, please also enter the following details :

IBAN / BIC number

Swift Code

Signed

Date

D	D	M	M	Y	Y	Y	Y
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IMPORTANT : We do not accept liability for any errors due to the incorrect bank details
being provided by you.

PLEASE CHECK ALL DETAILS PRIOR TO SUBMITTING YOUR CLAIM.