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## Travel Insurance Claim Form

### IMPORTANT NOTES

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

### 1. INSURED AND LOSS DETAILS (THIS SECTION MUST BE COMPLETED BY ALL CLAIMANTS)

Title:	
(Sur)name of policyholder:	
Policy no.:	Travel scheme (if applicable e.g. BOV card holder, La Vallette, Flypass etc.):
Claimant's name:	
Address:	
I.D. card no.:	
Tel/Mob. no.:	E-mail:
Business or occupation:	Date of birth:
Status of claimant: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Date of departure:	Date of return:
Destination/Countries:	
Purpose of journey <input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Other (please specify):	
Are you insured by any other policy in respect of this claim? YES <input type="checkbox"/>   NO <input type="checkbox"/>	
If "YES", please give name and address of Insurers and policy number:	
Have you ever before claimed under a travel policy? YES <input type="checkbox"/>   NO <input type="checkbox"/>	
If "YES", please give details of the claim:	

## 2. CANCELLATION AND ABANDONMENT

Date of cancellation/abandonment:

Please give reasons for cancellation/abandonment.

(If the reason is related to DEATH, INJURY or ILLNESS please complete **SECTION 6 - MEDICAL INFORMATION**)

State amounts claimed and attach receipts:

Was the travel agent or ticket issuing office notified immediately of the cancellation? YES  | NO

Please specify the amounts recovered, if any (Attach any relevant booking conditions):

Number of persons claiming:

## 3. PERSONAL ACCIDENT (PLEASE ALSO COMPLETE SECTION 6 - MEDICAL INFORMATION)

Date of accident:

Time of accident:

Place of accident:

Give full description of the circumstances and details of the injury:

Has claimant been totally disabled as a result of this accident? YES  | NO

When did total disablement start?

Is claimant still totally disabled? YES  | NO

When does claimant expect to resume part, if not all, normal business?

## 4. MEDICAL EMERGENCY AND ASSOCIATED EXPENSES (PLEASE ALSO COMPLETE SECTION 6 - MEDICAL INFORMATION)

Give details of injury or illness necessitating medical attention:

Date of occurrence:

Detail the expenses incurred (Attach receipts):

Please specify details of any Private Health Insurance which also covers you for the above expenses:

**5. HOSPITAL BENEFIT (PLEASE ALSO COMPLETE SECTION 6 - MEDICAL INFORMATION)**

Reason for admittance to hospital:

Date and Time admitted to hospital:

Date and Time discharged from hospital:

Attach hospital report.

**6. MEDICAL INFORMATION (PLEASE COMPLETE FOR SECTIONS 2-5)**

Name of doctor giving initial treatment in respect of this illness or injury:

Address:

Has the person concerned ever suffered from this type of illness or injury before? YES  | NO

If "YES" give details:

Name of usual doctor:

Address of usual doctor:

If "NOT" claimant, give name, address and relationship:

Has he/she been consulted in respect of this illness or injury? YES  | NO

**7. DELAYED AND MISSED DEPARTURE**

Reasons for delayed or missed departure:

Date and Time of original departure:

Date and Time of rescheduled departure:

Reasonable expenses incurred as a result of missed or delayed departure. (Attach receipts):

**8. PERSONAL BELONGINGS AND PERSONAL MONEY, LOSS OF PASSPORT AND DELAYED LUGGAGE**

Date and time of loss, damage or delay	
Time luggage delivered	Place:
State the precise circumstances in which loss, theft, damage or delay occurred:	
Was the airline notified of your loss, damage or delay? YES <input type="checkbox"/>   NO <input type="checkbox"/>	
Were the police notified of loss and/or theft? YES <input type="checkbox"/>   NO <input type="checkbox"/>	

**LOSS OF PASSPORT**

List details and amounts claimed in respect of additional accommodation and travel expenses incurred if you lose your passport whilst you are abroad (Attach invoices/receipts).

**PERSONAL BELONGINGS**

Description of lost, stolen or damaged property (including make and model) or items bought as emergency expenses	Date of purchase	Original purchase price in EURO	Value at the time of loss after allowing for wear and tear in EURO	Net amount claimed in EURO
<b>TOTAL AMOUNT CLAIMED</b>				

**PERSONAL MONEY**

Currency	Amount
<b>TOTAL AMOUNT CLAIMED IN EURO</b>	

Please attach original receipts, invoices and/or proof of purchase.

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete.

Signature:

Date:

#### DATA PROTECTION

Mapfre Middlesea p.l.c. is legally bound to follow the provisions of the Data Protection Act, 2001. Mapfre Middlesea p.l.c. is registered with the Office of the Commissioner for Data Protection to process data in accordance with this Act. The Data Protection Policy of Mapfre Middlesea p.l.c. is compliant with this Act, a copy of which is available on request.