

Travel Insurance Claim Form.

**AXA Assistance Claims PO BOX 3
Athlone Co Westmeath**

Date Sent:

Claim Ref:

PLEASE ANSWER ALL THE QUESTIONS CONTAINED IN THIS CLAIM FORM. LEAVING ITEMS BLANK, USING TICKS, DASHES AND N/A MAY MAKE IT NECESSARY FOR US TO RETURN YOUR CLAIM FORM OR LEAD TO US ASKING FURTHER QUESTIONS THUS DELAYING THE PROCESSING OF YOUR CLAIM.

Personal Details - Required for all Claims

Claimant Details	Mr/Mrs/Miss/Ms	<input style="width: 90%;" type="text"/>	Home Address	<input style="width: 98%;" type="text"/>		
	Surname	<input style="width: 95%;" type="text"/>		<input style="width: 98%;" type="text"/>		
	Forenames	<input style="width: 95%;" type="text"/>		<input style="width: 98%;" type="text"/>		
	Date of Birth	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>		<input style="width: 98%;" type="text"/>		
	Occupation	<input style="width: 95%;" type="text"/>	Postcode	<input style="width: 98%;" type="text"/>		
	National Ins No.	<input style="width: 95%;" type="text"/>	Daytime Tel.	<input style="width: 25%;" type="text"/>	Evening Tel.	<input style="width: 25%;" type="text"/>
	Nationality	<input style="width: 95%;" type="text"/>	Email	<input style="width: 98%;" type="text"/>		

Claimants Name	Relationship to Claimant	D.O.B
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>

Policy Number	<input style="width: 95%;" type="text"/>	Date of Booking Trip	<input style="width: 98%;" type="text"/>
Date Issued	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	Depart Date	<input style="width: 98%;" type="text"/>
Declared Health Problem(s)	<input style="width: 95%;" type="text"/>	Return date	<input style="width: 98%;" type="text"/>
		No. in Party	<input style="width: 98%;" type="text"/>
Travel Agent & Branch	<input style="width: 95%;" type="text"/>	Total Days	<input style="width: 98%;" type="text"/>
Tour Operator	<input style="width: 95%;" type="text"/>	Country / Resort	<input style="width: 98%;" type="text"/>

It is against the law to submit a fraudulent claim. If your claim is found to be fraudulent it will be declined and the authorities informed.

For Medical Related Claims:-

I authorise any doctor, hospital or other organization or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by AXA Assistance Claims. I understand that in executing this authorization, I waive the right for such information/records to be privileged. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorization shall be considered as effective and valid as the original.

Signed.....(by patient/next of kin if deceased) Dated.....

1. I hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my knowledge and belief. I have not omitted any material information, which would affect the underwriters' judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf. AXA Assistance Claims Ltd nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.
2. I understand that the information supplied will also be used for underwriting, and fraud prevention purposes and may include passing such details to agents or other insurers.
3. I give my authority to AXA Assistance Claims Ltd to contact my household insurers or medical insurers or other travel insurers regarding a contribution.
4. I give my authorisation for AXA Assistance Claims Ltd to contact my GP in relation to any medical condition connected with this claim, and consent to relevant information being released by my doctor.

I have read and fully understand the declarations above.

Signed.....

Dated.....

ABOUT US

We are an independent company which carries out a number of functions associated with your travel insurance policy, including the handling of claims, on behalf of a variety of different insurers.

We understand that making an insurance claim can be complicated and it can be difficult to know which documents you need to send us and why. For this reason, we have designed this leaflet to help you through the process and answer any questions you may have. We have tried to include as much information as possible, however, if you do still have questions after reading this leaflet, please feel free to call us on the number supplied on your claim form.

GENERAL HINTS AND TIPS

Below is some general advice which will help your claim to be processed as quickly as possible:

Explain as much as possible:

Include as much detail as you possibly can to make sure that we are fully aware of what happened at the time of the incident connected to your claim and exactly what you are claiming for.

The more information you provide the better:

If you need to add further information and there is not enough space on the claim form, please continue on to another sheet.

Always send all pages of the claim form back to us completed:

All pages must be returned to us with information added whether you feel these are relevant to your claim or not.

Please send original documents:

The insurers that we work with usually ask that all documents sent are originals and not photocopies. Certain original documents will be returned to you at your request.

Keep copies:

Please make sure that you keep photocopies of all documents you send us.

Itemise and cross reference where possible:

Use numbering where appropriate on items such as receipts. This makes assessing your claim much easier and will reduce the risk of us having to query things with you, thus slowing down the process of your claim.

Ensure that all documents are sent with the claim form:

Before sending us your claim form, make sure that all of the documents we have asked for and any additional information are enclosed. If we have asked for documents, we will certainly need them and if these are provided in the first instance, we won't have to write back to you and request them again. This will help to ensure that your claim is processed as soon as possible.

Do not send copies of the complete policy booklet:

It isn't necessary to send a copy of your policy terms and conditions with your form as this information is held at our office.

Indemnity Insurance (Only where applicable):

Your policy is one of indemnity, rather than a 'new for old' policy, which means that any settlement you may be due will be calculated on how much your items are worth at the time of loss. Please bear in mind therefore that in the event of a payment made to you in respect of personal belongings, a deduction will be made for wear and tear or depreciation.

All costs are at your expense:

Please remember that the cost of obtaining the information we require will not be reimbursed as it is the responsibility of the insured person to provide this.

Important Note:

We do hope you will find the information provided in this leaflet helpful. However, it should be remembered that this is just a guide to help you, all claims are adjusted strictly in accordance with the terms and conditions of the policy wording as set down by the insurer and we therefore, as independent claims handlers, have no discretion in this respect.

ALL CLAIMS

EVIDENCE OF INSURANCE

Q: "What is it?"

A: As independent claims handlers for Insurers, we don't always have access to details of your insurance cover. We need evidence of your insurance cover to know who is covered and the period you are covered for. If you have an annual policy, we will accept a photocopy of your confirmation so that you can keep the original.

Q: "Where can I find it?"

A: This could be a separate certificate/validation slip/schedule or may simply appear on your holiday booking invoice showing the premium you have paid and the names of the people included on the policy. If you do not have this or have lost it, it is your responsibility to obtain a copy; unfortunately, we cannot do this on your behalf.

EVIDENCE OF TRAVEL

Q: "Why is this needed?"

A: We need this for any of the reasons below;

- (i) So we are sure the incident you are claiming for happened while your insurance was in force.
- (ii) To make sure that your holiday/trip does not exceed the number of days allowed in your policy.
- (iii) To show the cost of the holiday/trip per person and a breakdown of the costs as not all charges may be covered.

This evidence will be in the form of a booking invoice supplied by the travel agent, tour operator, accommodation owner or carrier or may be flight tickets which you have not used if you have not travelled. If you have booked your holiday through a travel agent, we will need the booking confirmation from both the travel agent and the tour operator, so if you have both, please send them in to us.

Medical Emergency and Associated Expenses, page 2.

Claim Ref:

AXA Assistance Claims Centre Services

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8a. Do you hold any private health care (e.g. BUPA, PPP), or other travel insurance?

YES	NO
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b. If yes please provide details below and attach a copy of the policy schedule

Policy No.		Address of Insurance Co.	
Renewal Date.			
Insurance Company.			

9. Method of Payment

Please tell us if you used a debit / credit card to pay for all or part of the trip.

Name of card supplier	Card type (e.g. gold / plat / black)

10. Did you obtain an EH1C (formerly known as E111) Department of Health form(s) for your trip?

YES	NO
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Have you made a claim under the EH1C and have you received reimbursement?

YES	NO
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If yes, how much have you been reimbursed?
(Please attach evidence of this.)

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11. Are you expecting to receive or are you going to submit any further accounts?

YES	NO
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If yes, please provide details on a separate sheet.

Important

Payment of admissible expenses would normally be made in favour of the claimant. If you require payment to be made in favour of somebody else please forward their details.

Name	Address

Medical Certificate

AXA Assistance Claims Centre Services

Claim Ref:

PO BOX 10400,
Swords, Co Dublin.

This Certificate is to be completed by the Registered General Practitioner of the person whose illness/injury has given rise to the claim.
Please Note - Any charge made for the completion of this Medical Certificate is the responsibility of the insured and is not refundable under the Insurance Policy.

- Please answer all questions. Ticks, dashes, N/A etc will not be acceptable.
- This information will be treated as Private and Confidential.
- A Certificate not containing the specific information requested will not normally suffice.

1. Full Name of Person whose condition has given rise to the claim.

2. Date of Birth. / /

3. Are you the registered medical practitioner of the person named in 1? YES NO (a) If yes, for how long?

(b) If no, what is your involvement with this matter.

4. State precise nature of:
Medical condition/illness/injury/cause of death, that gives rise to the claim.

If injury or death caused by injury, state how this was caused.

5. Has the patient suffered from the same or a similar or related condition in the last 2 years? YES NO

6. (a) State exact date of onset as in 4. / / (b) Date first consulted. / / (c) Date of any serious deterioration, if applicable. / /

7. Please provide details of any medical conditions including those which are considered to be pre-existing or on-going which have been investigated or treated, for which medication has been prescribed, consultant or hospital referrals made, or in-patient treatment received prior to the date of issue of the insurance. Please also include details of any conditions for which treatment has been refused.

8. Has the person named in 1 above received a terminal prognosis? YES NO If yes, what date was the terminal prognosis given to:

(a) the person named in 1 above. / / (b) the claimant, if not the same person. / /

9. If claim is a result of pregnancy, please advise: (a) Date pregnancy confirmed. / / (b) LMP. / / (c) ECD. / /

10. (a) Did the person named in 1, if travelling, consult you prior to their journey as to the advisability of undertaking the holiday or journey. If yes, on what date. YES NO / /

(b) On this date did you confirm the patient was fit to travel? YES NO

11. (a) If the claim is for cancellation of travel arrangements please state exact reason for the cancellation.

(b) Please advise the date when it first became apparent that the travel arrangements should be cancelled. / /

(c) Please state the exact date you advised the need to cancel the travel arrangements. / /

12. Are you prepared to certify that, solely due to the condition described in 4 above, the claimants are compelled to cancel their travel arrangements? YES NO

To be completed by the Registered Medical Practitioner

I have examined the person named in 1 and/or referred to his/her medical records and I declare that the information given is correct and that no details relevant to the case have been omitted.

Name (Please print)..... Qualifications.....

Address

Surgery Stamp.

Signature Date.....