

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: 80%;" 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: 80%;" type="text"/>	Evening Tel.	<input style="width: 80%;" 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"/>
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<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>

Policy Number	<input style="width: 90%;" type="text"/>	Date of Booking Trip	<input style="width: 98%;" type="text"/>
Date Issued	<input style="width: 80%;" 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.

Personal Accident Claims

Give details of your claim below (continue on a separate sheet if necessary)

Documents You Need to Send Us - SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS

- 1. Insurance policy schedule/certificate of insurance/tour operators booking invoice showing payment of your insurance premium.
- 2. Send us a full account of the circumstances leading to the accident and the injuries sustained, including the details of any witnesses or third parties involved in the incident.

- 3. Your original holiday booking invoice.
- 4. Please provide the details of your regular general practitioner and any specialists from whom you have received treatment and your written confirmation that we may contact them for further information.

Date / place / time of incident

Circumstances of incident

Name / address of Witnesses

Name / address of Police Auth

Police ref / Incident No Please attach police report.

Name of injured/deceased person

Occupation

Name / address of employer

If disablement, will you be able to return to your usual occupation? YES NO

If NO, will you be able to undertake any occupation? YES NO

Please have the following medical certificate completed by your consultant or send us the original death certificate and the letters of administration or grant of probate.

Please confirm the nature of the injury giving rise to this claim?

Date of onset Date treatment first sought?

Is injury solely resulting from external visible and violent means? YES NO

What is your understanding of the cause or the injury?

Are there any underlying medical conditions which have contributed to the incapacity / injury? YES NO

Are the symptoms consistent with the cause? YES NO

What is the likely prognosis?

Is the patient prevented from undertaking their usual occupation? YES NO

Is the patient prevented from undertaking any occupation? YES NO

Has the patient ever been treated for something similar in the past? YES NO

Further remarks / comments.

Signed.....
(Signature of Consultant)

Date.....