**CLAIM FORM FOR TRAVEL INSURANCE**

**I. PERSONAL PROPERTY/MONEY AND DOCUMENTS**

**CLAIMS SECTION**

CLAIM REFERENCE:
Please complete this form and return it with relevant documentation to the address below.
Please do not hesitate to call if you have any queries.

**A. PERSONAL DETAIL**

FULL NAME (AS PER POLICY):

Date of Birth: 
Occupation:

Telephone:
Hrs of Contact:

**B. INSURANCE DETAILS**

Policy Name:

Date Trip Originally Booked:

Travel Dates:
From: 
To:

Name of Travel Agent, If any:
Name of Tour Operator if any:

Hotel Accommodation details:
Resort Country:

Date of Loss/Damage:
Place of Loss/Damage:
Full Details/Circumstances:

Was the Loss /Damage Reported to the Police?:

Date of Loss /Damage Reported to the Airline?:
If NO, please state reason:

Date of Loss /Damage Reported to the Tour Operator?:
If NO, please state reason:

Is your property also covered under a Household Contents Insurance?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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If YES, please give details below:

**C. PERSONAL PROPERTY, MONEY AND DOCUMENTS**

<table>
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<tr>
<th>FULL Details of Items Lost/Damaged</th>
<th>Date of Purchase</th>
<th>Shop and Town where purchased</th>
<th>Purchase Price</th>
<th>Amount Claimed</th>
<th>Evidence of Value</th>
<th>For Office USE ONLY</th>
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Please continue on a separate sheet if there is insufficient space.

State to whom settlement should be paid:

State preferred currency if not US$:

THE FOLLOWING ORIGINAL DOCUMENTS MUST BE SENT WITH YOUR CLAIM FORM FOR CLAIM PROCESSING

Indicate whether enclosed

1. Your original holiday/flight confirmation and/or receipt or deposit receipt
   - [ ] Yes [ ] No
2. Your certificate of insurance
   - [ ] Yes [ ] No
3. Your travel tickets
   - [ ] Yes [ ] No
4. Police, Airline or Tour Operator report
   - [ ] Yes [ ] No
5. Evidence of Ownership such as original receipts, valuations, credit card receipts
   - [ ] Yes [ ] No
6. Any other relevant documentation to support your claim
   - [ ] Yes [ ] No

**II. CURTAILMENT/MISSDEPARTURE TRAVEL DELAY/PERSONAL LIABILITY CLAIMS SECTION**

CLAIM REFERENCE:
Please complete this form and return it with relevant documentation to the address at end of this form.
Please do not hesitate to call if you have any queries.

CANCELLATION/LOSS OF DEPOSIT/CURTAILMENT
Reason for Cancellation or Curtailment

(1) FOR CANCELLATION/LOSS OF DEPOSIT
Date Trip originally booked:
Total Cost of holiday:

Date Insurance purchased:
Amount Refunded:
Date Trip Cancelled:
Amount Claimed:

(1) FOR CURTAILMENT OF TRIP
Date Trip originally booked:
Date of Incident causing Curtailment:
Date Insurance purchased:
Actual Return Date:
Original Transport Method (Air/Ferry/Coach,...)
Amounts claimed for Additional Expenses:

IF THE REASON FOR THE CLAIMS IS MEDICAL, THE ATTACHED MEDICAL CERTIFICATE OVERLEAF MUST BE COMPLETE BY THE USUAL DOCTOR OF THE PERSON WHOSE CONDITION GIVES RISE TO THE CLAIM

D. MISSED DEPARTURE/TRAVEL DELAY
Reason for Delay or Missed Departure

(1) For Missed Departure
Point of Departure:
Date & Time of Planned Departure:
Transport Used (Air/Coach/Ferry, etc.):
Method Employed to Rejoin Trip:
Amount Claimed:

Page 1 | 2
(iii) MEDICAL EXPENSES CLAIM SECTION
CLAIM REFERENCE:
Please complete this form and return it with all relevant documentation to
the above address. Please do not hesitate to call if you have any queries.

F. MEDICAL AND EMERGENCY EXPENSES/HOSPITAL BENEFIT

Date of Injury/Onset of Illness

Place of Injury/Illness

Details of Injury/Illness

Circumstances of Accident (if applicable)

Have you suffered from the same/similar condition before?  Yes  No

If YES, please ask your usual doctor to complete the attached medical

Please sign to give SAS authority to use your E111.*

Name: __________________________ Signature ____________________________

MEDICAL CERTIFICATE

Dear Doctor,
The above named Insured Person has submitted a claim on their travel insurance Policy. In order for us to process this claim, we would be grateful if you would respond to the questions below:

For travelers in the E.C. only

 Were you in possession of a valid E111* form?  Yes  No

If YES, please ask your usual doctor to complete the attached medical certificate.

PLEASE NOTE: Any charge made by a doctor for medical reports must be paid by

the claimant.

If hospitalized, please state:

Admission Date: ___________________ Discharge Date: ___________________

Were you in possession of a valid E111* form?  Yes  No

(For travelers in the E.C. only)

If NO, please provide your National Insurance Number:

Please sign to give SAS authority to use your E111.

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