

Dear Sir/Madam,

We understand that you need to make a claim on your travel insurance policy.

To ensure we can assess and finalise your claim as quickly as possible and to avoid unnecessary delays, please follow these simple steps:

**1. Completing your claim form:**

- Fully complete the enclosed claim form in as much detail as possible.
- Please write clearly.
- Please submit your claim within 31 days of your return date.

**2. What you need to include with your claim form:**

- Use the checklist and obtain all the required ORIGINAL documents to substantiate your claim. Copies are not acceptable unless indicated.
- Any other documentation and information you want us to consider.

**3. Before you send your claim:**

- Double check your claim is complete and sign the declaration on page 1.
- We recommend you keep a copy of your claim for your own records.

**4. Where to send your claim:**

- Please post your claim to:

Customer Care Claims Department  
PO Box 9180  
Chelmsford  
Essex  
CM1 9AG

- For your peace of mind you may wish to consider using Recorded or Special Delivery.

Once we receive your claim we aim to correspond with you within ten business days.

If you have any queries, please don't hesitate to contact us for assistance\*.

Kind regards,

Cover-More Insurance Services Limited.

\* Calls may be recorded or monitored for reference and training purposes.

Cover-More Insurance Services Limited  
United Kingdom • Australia • New Zealand

Level 2, 31 Springfield Road, Chelmsford, Essex, CM2 6JE  
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[www.covermore.co.uk](http://www.covermore.co.uk)

...making travel insurance easy

# Travel Insurance Claim Form (UK)

THIS PAGE MUST BE COMPLETED FOR ALL CLAIMS

- Please ensure you provide all requested information and documentation. If you need help with your claim please telephone us. If you don't provide what is required your claim may be delayed or not paid.
- Please keep a copy of your claim.
- We shall respond to your claim within ten business days from the day we receive it.

OFFICE USE ONLY: NEW EXISTING

Claim Number:

Date received:

## Your Details

Please tick preferred option for correspondence

Email  Post

Title  First name

Family name

Date of Birth  Passport Number

Occupation

Email Address

Home Address

County  Post Code

Home Phone  Mobile

Work Phone  Fax

Name of Your Travelling Companion  Their contact number

## Your Policy

Policy Number  Date Issued

Travel Agency Name & Location  Travel Consultant's Name

Date insurance paid for  Date travel arrangements booked

Date departed  Date returned

## Your Health

Did Self Assessment of an Existing Medical Condition apply to you?

Yes  No

If yes, advise that condition:

Did you apply and pay for any Existing Medical Condition cover? Yes  No

If yes, please provide the reference number below:

## Settlement of Your Claim

**Write Clearly To Avoid Delays**

If your claim is approved for payment we will deposit the amount payable directly to a bank account you nominate. *NOTE: We cannot deposit to credit card or non-UK accounts.*

Sort Code (Must be 6 digits)  Account Number (Must be 8 digits)

Name of Account Holder  Name of Bank

## Other Insurance/claims

Can you claim/have you claimed from any other source? (e.g. airline, transport provider, travel agent, third party etc.) Yes  No

Details  Amount Received

Do you have private health insurance? Yes  No

Name of fund  Policy Number

Can you claim from them for this event? Yes  No

If yes, include your statement of benefits giving evidence of the amount received.

Have you made a travel insurance claim in the past? Yes  No

If yes, please give details

Date  Company Name

Amount Claimed  Type of claim

Certain credit cards may provide basic travel insurance cover which may also cover your loss. Do you have credit card/s? Yes  No

If yes, with which provider and which card type/s?

Provider (e.g. Barclays)  Type (e.g. Gold Visa)

Did you purchase part or all of your travel on the card/s? Yes  No

## Warning

To avoid passing the cost of dishonest and fraudulent claims on to you, our honest policy holder, we are strongly committed to investigating claims. We try to conduct/ finalise investigation quickly and with minimal disruption. If your claim is found to be fraudulent the claim will be declined. All cases of fraud will be reported to the Police and can result in imprisonment and civil action by the insurers.

## Your Declaration: Important

I/We declare that all statements and particulars stated on this form and all documents submitted are true and correct. I/We have not withheld any material information connected with this claim that will inhibit the insurers ability to make a fair and reasonable assessment of my claim.

I/We assign to insurers all rights of recovery/salvage against any person or organisation and will cooperate to secure such rights.

I/We acknowledge that the underwriter or it's agents may give to and obtain from any other insurer or insurance reference bureau, information relating to this or any other insurance held by Me/Us, or any claim made by Me/Us and I also authorise any other insurer to provide information relating to this or any claim made by me.

Claimant's Name

Signature

Date



# Cancelling & Cutting Your Trip Short

## Details Of The Amount Claimed

To be completed by your travel agent\*:

**NB:** Failure to supply the required documentation will result in the delay of the claim process.

		Cancellation Costs			OR	Amendment costs
	Name of supplier	Amount paid	Amount refunded by supplier		Cancellation costs	
Flights (excluding taxes)			-		=	
			-		=	
			-		=	
Flight Taxes			-	Fully refundable by the airline	=	£0
			-		=	
Packages			-		=	
			-		=	
			-		=	
Accommodation, car hire, rail passes etc.			-		=	
			-		=	
			-		=	
<b>TOTAL</b>						

**IMPORTANT: REQUIRED DOCUMENTATION:**

Please supply an Itinerary/Tax Invoice showing the breakdown of the flight fare and taxes.  
 Include a copy of the original itemised invoice, showing all arrangements booked.  
 Include a copy of the refund advice/invoice showing the amount charged and amount refunded.  
 Include copies of the booking conditions showing published cancellation penalties.  
 If a flight or any vouchers etc are 100% non-refundable, the original tickets or vouchers must be sent with your claim form.

I certify that the information stated on this form is true and correct.

Travel Consultant's name  Travel Consultant's signature

Travel Agency store name and address  Date

Phone  Fax  Email



**MEDICAL CERTIFICATE** - To be obtained at the claimant's expense from the patient's usual doctor in all cases of Amendment or Cancellation Costs resulting from accident, illness or death

**IMPORTANT:** The medical attendant is respectfully requested to give as much detail as possible in order to assist our client and avoid the necessity of additional enquiries. **\*\* PLEASE USE BLOCK LETTERS \*\***

1. Full name of patient

Date of birth  2. Patient's relationship to claimant

3. Are you the patient's usual G.P.?  Yes  No  
 If **Yes**, for how long?

If **No**, please provide full details of the patient's usual G.P.

4. a) Please give a precise diagnosis of the illness, injury or cause of death.  
 If an injury, how was it sustained?

b) If due to a pregnancy, on what date was the pregnancy confirmed?

c) How many weeks pregnant was the person on this date?

d) Was the conception medically assisted?  Yes  No

e) Have there been complications with this or any other pregnancy?  Yes  No  
 f) Expected delivery date:

5. Date of onset of illness, injury or date of death

6. Date on which you were first consulted in relation to this

7. Date referred to specialist

8. Date tests prescribed & carried out

9. Date results advised to patient

10. Date there was a deterioration

11. Name and address of specialist/surgeon

12. Have you or anyone else previously treated the patient in respect of the same/similar/related illness or injury as described in question 4?  
 Yes  No

If **Yes**, a) state if same illness or injury, or specify similar/related illness or injury (please give full details including dates)

13. Was the patient advised to continue this treatment and/or medication:  
 • Until departure on this journey  Yes  No  
 • Whilst on this journey  Yes  No

14. Was the patient hospitalised?  Yes  No  
 If **Yes**, advise admission date

15. a) Please provide details of the patient's health at the time when the insurance was issued and the likelihood of the patients health causing a claim (see claimant for exact date)

b) Was the patient being treated for the condition which caused the cancellation or curtailment at or prior to the date the insurance was issued?  
 Yes  No

16. Was the patient on a waiting list for admission to hospital?  Yes  No

If **Yes**, please state:  
 Date they were on the waiting list  Date of admission

17. Was it reasonable of the claimant to continue with travel plans considering the answer to the other questions?  Yes  No

18. Are you prepared to certify that solely due to the condition described in question 4, the claimant/s was/were required to cancel or curtail the travel arrangements?  Yes  No

**THE FOLLOWING QUESTIONS ONLY APPLY IF THE PATIENT WAS IN THE TRAVELLING PARTY**

19. Date it became apparent the patient would not be able to travel (if applicable)

20. How long was or will the patient be prevented from travelling?  
 from  to

21. Had the patient planned to travel against your prior advice?  
 Yes  No If **Yes**, please give details:

22. Did the patient travel overseas for the purpose of obtaining medical treatment or advice for medical treatment?  Yes  No  
 If **Yes**, please give details:

**I certify that the statements contained in this Medical Certificate are true and correct.**

Doctor's Name

Doctor's Signature  Date

Qualification

Telephone  Facsimile

Address

Company Stamp