Medical Expenses / Curtailment Claim Form

Thank you for notifying us of your claim.
Please complete this claim form and return it to:

Specialty Claims Services
PO Box 51541
LONDON
SE1 0XU

If you need any help in completing this form please contact us on 0870 905 8555.

Claimant Details

Title	Full Name	Date of Birth	Occupation	Usual Country of Domicile

Claimant Address: ____

____

______________________________ Postcode: ______________________

Telephone: ______________________ E-mail: ______________________
(E-mail may be used for correspondence if stated)

Insurance Details

Certificate Number: ____

Insurance Company: ____

Address of Broker: ____

Travel Details

Travel Destination: Country: ______________________

Resort: ______________________

Hotel: ______________________

Departure Date: ____/____/______ Return Date: ____/____/______

Purpose of Trip: ❑ Business ❑ Pleasure

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Claim Details

Date, time and place of illness/injury: ____/____/______ ____:____ ❑ AM ❑ PM

____

Illness suffered or injuries sustained: ____

____

____

If injury, please provide full circumstances of the incident: ______________________________

____

____

____

____

Have you suffered from a similar condition before? ❑ Yes ❑ No

If yes, please ask your normal doctor to complete the Medical Certificate attached.

Did you present your EHIC? (EU countries only) ❑ Yes ❑ No

If yes, please complete the Disclaimer attached.

Did you contact the Emergency Medical Assistance Company? ❑ Yes ❑ No

If yes, please provide the reference number given to you: ____________________

Were you hospitalised as an in-patient? If so, please provide:

Date admitted: ____/____/______ Date discharged: ____/____/______

Time admitted: ____:____ ❑ AM ❑ PM Time discharged: ____:____ ❑ AM ❑ PM

If applicable, period of extended accommodation: ____/____/______ to ____/____/______

Did you return home early? ❑ Yes ❑ No

If yes, please provide the date on which you returned ____/____/______

Do you hold any other insurance that may cover this loss? ❑ Yes ❑ No

(i.e. Private Health, Bank Account, Credit Card, Tour Operator)

If yes, please give details: ______________________________________

If your claim is agreed, please state to whom settlement should be made:

Print Payee Name: __________________________ Preferred Currency: ________________

Declaration

I declare that to the best of my knowledge all particulars contained in this form are true and correct. In the event of a third party being liable for loss/damage all rights in this matter are subrogated to Specialty Claims Services on settlement of the claim. If cover exists under any other policy, I give my authority for contribution to be sought from their insurers. I understand that some of the information provided will be made available to other insurers for underwriting or claims handling purposes.

Signed: ______________________________________ Date: ____/____/______

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Details of Expenses Being Claimed

Date of Expense	Details of Expense	Amount Claimed	Receipt attached?	Paid / Unpaid?	OFFICE USE ONLY

Guidance Notes

The following documentation must be provided in order for your claim to be processed.

Item	*Enclosed*
Your original booking invoice which is sent to you at the time of booking your trip	❑
Your original travel insurance schedule showing the dates of cover and premium paid If you have an annual policy then a photocopy will be accepted.	❑
Evidence to support your claim Original receipts/invoices for expenses being claimed Hospital/Doctor reports/records	❑
If you returned home early: Confirmation from the treating Doctor of the medical necessity to return early, or if the return was as a result of an illness/death of a relative we require the medical certificate attached to be completed by the usual Doctor of the person causing curtailment.	❑
For Medical Expenses incurred in the EU only, please complete the attached disclaimer	❑
If the expenses are a result of an incident: Copies of any Police reports Details of the Third Party's insurance company Details of any solicitor that you may have appointed to handle a Personal Injury Claim	❑
If you have submitted a claim to another insurance company or third party: Copies of all correspondence	❑

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Disclaimer (EU Countries only)

I hereby consent to Specialty Claims Services seeking reimbursement of Medical Expenses paid arising out of medical treatment;

Received in: ______________________________ from: ____/____/______
(destination) (date of illness)

Print Name: ______________________________

Full UK Address: ______________________________

____

____

____

Postcode: ______________________________

Date of Birth: ____/____/______ Nationality: ______________________

N.I. Number: ______________________

Signed: ______________________________ **Dated:** ____/____/______

If the medical expenses relate to your child, please confirm:

Full Name of Child: ______________________________

Date of Birth: ____/____/______ Nationality: ______________________

Date of departure abroad: ____/____/______