

Travel Insurance Claim Form - Consumer



'front page'

If the insurance certificate is issued to a Company, Club or other entity please complete the Corporate claim form available on the MPI website at mpibrokers.com.

Declaration Please write clearly in black ink

I wish to submit a claim under my travel insurance through MPI Claims and I will be honest and accurate in all information provided. I understand that any false information or exaggeration may result in a decline of part or all of my claim and in certain circumstances the policy may be voided.

Signed

Date

 / /

Signature of parent or guardian if claiming for a minor. See note on back page

The below details should be completed in respect of the claimant.

Title

Certificate number (can be found on certificate)

First Name

Please refer to the policy and enter below the section(s) under which you are claiming. If claiming under more than one section, only complete the 'front' and 'back' pages once.

Surname

Section(s)

DOB

Date you booked your trip

 / /

Height

Commencement of trip

 / /

Weight

Home address

Intended return date

 / /

Post code

Do you have any other insurance which may also provide cover for this loss?

Please think about the other policies you may have, as this helps to keep premiums down in the future. Examples of other insurance policies are: private medical insurance, family travel insurance, bank/building society, Carré Neige, Carte Neige, home or flat insurance, or if you live with your parents their home insurance.

Email

Yes

No

Mobile No.

Other number(s) (optional)

If yes, please supply details of policy(ies) and attach a copy

Resort or country of incident

Please complete the pages for the relevant section(s) and write your name in the box at the top right hand corner of each subsequent page. Then complete the 'back page'. If you are claiming more than one section, you only need to complete the 'front' and 'back' pages once.

Travel Insurance Claim Form



Emergency Medical Expenses
Repatriation
Hospital Benefit

Your name

Please complete this form together with the 'front' and 'back' pages. If there is insufficient space please continue on the notes page. Where there is a Yes or No answer please place a ✓ in the relevant box

1 Date of accident or onset of sickness which has given rise to a claim

2 Illness

Please show below the nature of your illness, together with details of the treatment received, or

3 Accident

Please show below injuries sustained and enclose a Doctors report if available, together with details of the treatment received

4 Please give a full description of the accident below

5 Do you consider anyone else (e.g. a person, company, association, local authority) part or wholly at fault and may have contributed to the incident?

Yes

No

If Yes, please give a brief description below. We may ask for more information at a later date

6 Please describe what you were doing immediately prior to the accident, and if skiing/snowboarding whether you were on or off piste

On piste

Off piste

7.1 About Your Health

Have you suffered from or had any symptoms or treatment in respect of this injury or sickness at any time before the date in question 1 and or do you suffer from a condition(s) which may have caused or contributed to the injury or sickness?

Yes

No

Go to question 7.2

Go to question 7.6

7.2 If 'Yes' please give date of onset

7.3 A description of the condition (this information must be given even if declared as part of the sales process)

7.4 Was this disclosed to MPI at the time of purchasing your insurance?

Yes No

7.5 Did you consult your doctor before booking your trip?

Yes No

or if this onset was after booking your trip but before the issue date on your Certificate of Travel Insurance, did you consult your doctor?

Yes No

7.6 Are you taking any medication?

Yes No

If 'YES' has the dosage change in the 6 month period prior to the issue date on your Certificate of Travel Insurance

Yes No

8 Was the assistance company contacted?

Yes No

9 Were you admitted to hospital as an in-patient?

Yes No

9.1 If 'Yes', how long were you in hospital?

Nights

9.2 Date of admission

9.3 Name of Hospital

10 How many times did you visit the doctor, or did the doctor visit you?

Times

11 What was your initial method of transport (e.g. flight, coach, car)

Your name

12.1 The costs you have already paid (continue on notes page)
Please attach original receipts or other proof of payment and number them with the corresponding number below

No.	Item	How Paid	Invoice and Receipt attached	Currency	Amount
A1					
A2					
A3					
A4					
A5					
A6					
A7					
A8					
A9					
A10					
A11					
A12					
				TOTAL	

12.2 Treatment you have incurred but have not paid

Item	Invoice Enclosed <input checked="" type="checkbox"/> Not Encl <input checked="" type="checkbox"/>	Currency	Amount if Known
Doctor			
Hospital			
Mountain rescue			
Helicopter rescue			
Physiotherapy			
Ambulance			
Taxi to or from Hospital			
Other			
			TOTAL

Please attach original receipts for these above

12.3 Did you incur any other costs or expenses incurred not shown above

Yes No

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Your name

'back page'

Bank Details

In the event that your claim is successful we are able to make the settlement direct to your bank which speeds up the process. Please complete your bank details below.

UK Bank name

Sort code

Account No.

Overseas Bank

BIC

IBAN

Assignment

If another person or organisation has funded your claim and you would like settlement to be made direct to them please complete their details below:

Name, address and postcode

Your signature:

Date:

If only part of the costs are to be paid to another person please explain below.

Where to send and please keep a copy

Please send the claim form with original supporting documents to:

**MPI Claims, West House, 19-21 West Street,
Haslemere, Surrey, GU27 2AB**

For non medical claims, we can accept scanned copies at the following email address:

claims@mpibrokers.com

If you send by email, we may ask for originals at a later date.

Claiming for minors

If claiming for a minor (age 17 or under) this form should be completed by a parent, guardian or teacher for school trips. When completing the form please show the child's details and tick one of the boxes below:

I, am:

• a parent of the child

• a guardian of the child

• a teacher on a school trip

• other Please describe in the box below

And finally...

To finalise your claim, please read and sign the declaration below. Please do not sign this page until you have completed the pages for the relevant claim types, and note the following:-

- you are responsible for the cost of obtaining any documentation in support of your claim
- this insurance contains rights of subrogation, salvage and recovery in favour of underwriters
- the information on this form will be used to deal with your claim. Underwriters, loss adjusters, or MPI may pass this and any other information to other insurers and organisations involved with your claim

• underwriters may share information to prevent fraud

Is there any other information that should be brought to our attention in relation to your claim?

DECLARATION

- I declare that all information given is accurate and correct
- I have not withheld any information within my knowledge connected with my claim
- I agree to provide further information or documentation that may be reasonably requested at my expense
- I consent to the processing and use of information contained in this claim

Signed:

Print name:

Date: