

Travel & Wintersports Insurance Claim Form

SECTION 15 – BEREAVEMENT TRAVEL COSTS (longstay-seasonnaires-backpackers only)

Please complete this form, send it with all supporting documents (documents may be sent on at a later date if necessary) to **International Medical Rescue, 15 East Links, Tollgate, Eastleigh, Hampshire, SO53 3TG** or claims@im-rescue.com It will usually take about a week to 10 days for a claim to be processed. You can also contact the claims department on 0345 122 3280 24 hours a day, 7 days a week.

The section below shows the documents (documents may be sent on at a later date if necessary) which you should enclose in order for us to deal with your claim. They must be **originals not photocopies**. Please tick yes if enclosed and no if not.

Please note:-

- **Completing and sending this form is solely your responsibility, do not expect your manager to do it.**
- **Return this completed form within 31 days of incident. Late claims maybe repudiated.**

a) Receipts for travel. Yes No

b) Evidence from the Yes No
treating Doctor that your
return was necessary or
a copy of the Death
Certificate

SIGNATURE

Please sign and date the form on the final page.

TELECLAIMS

If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to telephone you during the course of our normal working hours to discuss your claim and/or request further details. Please advise us of any relevant numbers on which you can be reached.

..... Or

Failure to complete these documents above will delay the processing of your claim

PLEASE COMPLETE USING CLEAR BLOCK CAPITALS

<p>1. Claimant's title: MR/MRS/MISS/MS Forenames: Surname:</p>	<p>5. The destination and country of this holiday/trip:</p>
<p>2. Home Address: Post Code:</p>	<p>6. Date holiday/trip booked:</p>
<p>3. Contact Telephone No. Home: Mobile: Contact Email address:</p>	<p>7. The policy ref no. or certificate no.</p>
<p>4. Occupation: Date of Birth:</p>	<p>8. No. of people covered by the policy:</p>
<p>10. Name of your relative:</p>	<p>9. The period of your holiday/trip giving total number of days. From: To: Total no. of days:</p>
<p>11. Relationship to you:.....</p>	

12. NOTES: Please itemise below the items for which you wish to claim

Travel costs and expenses incurred (please attach original documents and invoices, photocopies will not be acceptable):	Type of travel	Name of provider	Currency used	Amount	Paid/unpaid	OFFICE USE ONLY
If necessary please continue on a separate sheet (using the same format)			TOTAL	£	£	

Please total each person's claim in the boxes provided

OFFICE USE ONLY	TOTAL X/S Net	£	OFFICE USE ONLY	TOTAL X/S Net	£	OFFICE USE ONLY	TOTAL X/S Net	£	OFFICE USE ONLY	TOTAL X/S Net	£
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13. Please provide your bank account details:

Name of Account holder:

Name of Bank:

Account Number:

Sort Code:

Type of Account e.g. Gold:

Do you have any other insurance which may cover this incident
(e.g. as part of your bank account, credit card account, home insurance etc.)? Yes No

If yes, please give details:

And Finally.....

To finalise your claim please sign the declaration below, however before doing so please read the following carefully:-

- Please study the policy wording and read the terms and conditions that relate to your claim
- You are responsible for the cost of obtaining any documentation in support of your claim
- This Insurance contains rights of subrogation and I confirm I assign to insurers all rights of recovery/salvage against any person or organisation and will do whatever necessary to secure such rights.
- Information on this form will be used by insurers to deal with any claim. Insurers may also pass this and any other information to other insurers and organisations involved in dealing with any claim. Insurers also share information to prevent fraud.

DECLARATION

I declare that, to the best of my knowledge and belief, all information stated herein is correct and that the insurance company is subrogated with all rights I may have against any third party(s).

I have not withheld any information from insurers within my knowledge connected with my claim.

I agree to provide further information or documentation that may be reasonably required.

SIGNATURE OF CLAIMANT: DATE:

SIGNATURE OF PARENT/GUARDIAN:..... DATE:.....

RELATIONSHIP:.....

CONTACT NUMBER:.....

CONTACT EMAIL:.....

Warning

Making a fraudulent or knowingly exaggerated claim is a criminal offence and could render the offender liable to prosecution.

Copy

Please take a copy of this claim form and any attachments for your records and send the original with all supporting documents to **International Medical Rescue, 15 East Links, Tollgate, Eastleigh, Hampshire, SO53 3TG**