

Please write clearly
in BLACK INK

Overseas Resort Staff Claim Form 'front page'



Declaration

I wish to make a claim under my company's resort staff insurance policy which I am doing in the name of the company 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 and my employer will be informed.

Signed Date / /

Title Name of employer

First Name Job title

Surname Resort or country

DOB Insurance reference number (can be found on policy wording)
This is vital, without this we are unable to process your claim

Height MP /

Weight Notification of Incident No

Home address Date of contract of employment. This is the date you signed up, not the date you started

Post code 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.

Overseas address Section(s)

Email Commencement of employment Date / /

Mobile Period

Other number (optional) Do you have any other insurance which may also provide cover for this event?

YES NO

If yes, please supply details of policy(ies)

Now: please complete the pages for the relevant claim type – section(s) and write your name in the box at the top right hand corner of each subsequent page

Wintersports and Travel Insurance Claim Form



Emergency Medical Expenses Repatriation Hospital Benefit (Part B only)

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

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

YES

NO

2 Illness

Please show below the nature of your illness, or

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

3 Accident

Please show below injuries sustained and enclose a Doctors report if available

6.1 Please describe what you were doing immediately prior to the accident

4 Please give a full description of the accident below and continue on notes page

6.2 Were you skiing

Snowboarding

6.3 Were you 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 must be given even if disclosed to MPI)

7.4 Was this disclosed to MPI at any time?

YES NO

7.5 Did you consult your doctor before accepting employment?

YES NO

or if this onset was after accepting employment and before travelling, did you consult your doctor?

YES NO

7.6 Are you on medication?

YES NO

If 'YES', did the dosage change in the 6-month period before accepting employment?

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

Your name

10. How many times did you visit the doctor?

Times

11. What was your initial method of transport to the resort? (e.g. flight, coach)

12. Was transport paid for by your employer?

YES NO

13.1 The costs you have already paid, including the excess if any (continue on notes page)

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

Please attach original receipts or receipted invoices for the above costs and number them with the corresponding number above

Your name

Claim Form 'back page'

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 any claim. Insurers may also pass this and any other information to other insurers and organisations involved in dealing with any claim
- Insurers share information to prevent fraud

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

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, alternatively payment may be made by cheque

Sort code	Account No.
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Name of Overseas bank	
BIC	IBAN

Assignment

If another person, company or organisation (eg. your employer), has funded your claim and you would like settlement to be made direct to them please complete their details below:

Name, address and postcode	
<input type="text"/>	
Your signature:	Date:

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

DECLARATION

- I declare that all the 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

Signature of Staff Member:
<input type="text"/>
Print name:
<input type="text"/>
Date:
<input type="text"/>

Signature of Employer:
<input type="text"/>
Print name:
<input type="text"/>
Position:
<input type="text"/>
Date:
<input type="text"/>

Note to Manager/Employer

Please sign and date the above, fill in your company name below, then hand back to staff member to send to MPI Claims.

To MPI Claims

Please accept this claim on behalf of [enter name of travel company or employer]

Where to send and please keep a copy

Please take a copy of the whole claim form and any attachments for your records and send the original with all supporting documents to:

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