

**Section 1 of this form should be completed by the Policyholder**

**SECTION 1**

Name of Policyholder:

Policy Number:

Address:

Telephone Number:

Fax:

E-mail:

Postcode:

Name of Insured Person:  
(if different to policyholder)

Date of Birth:

Address:

Telephone Number:

Occupation:

Was journey:

Holiday

Business

Dates of journey:

From:

To:

Destination:

**TO AVOID ANY UNNECESSARY DELAY IN THE PROCESSING OF YOUR CLAIM PLEASE ENSURE THAT:**

- ALL SECTIONS OF THE CLAIM FORM HAVE BEEN COMPLETED
- PROOF OF TRAVEL HAS BEEN PROVIDED (E.G.: E-MAIL CONFIRMATIONS OF TRIP, BOOKING INVOICES, TICKETS)
- ALL REQUESTED INFORMATION/DOCUMENTATION HAS BEEN ENCLOSED

**PLEASE LIST ENCLOSED DOCUMENTS BELOW:**

**FOR CLAIMS INVOLVING PERSONAL LIABILITY PLEASE CONTACT GROUPAMA DIRECTLY WITH DETAILS OF THE INCIDENT.**

**Sections 2-8 of this form should be completed by the Insured Person who is claiming or, in the case of a minor, their parent or guardian.**

## **SECTION 2 - MEDICAL EXPENSES**

Nature of illness/injury:

Date and time of illness/injury:

Please confirm where the illness/injury took place:

Please provide a detailed description of how the injury occurred:

Name and address of doctor and/or hospital(s) that were attended:

If treatment was given in hospital as an inpatient please confirm the dates:

Was the Emergency Assistance Company contacted:      Yes:       No:

If no please confirm the reason why:

Was the Insured Person pregnant:      Yes:       No:       If yes how many weeks:

If the Insured Person has suffered illness, have they suffered from this before      Yes:       No:

If yes please provide details:

Was an E111 taken on the trip:      Yes:       No:

Was this presented to the hospital/doctor?      Yes:       No:

**PLEASE SEND THE E111 WITH THIS CLAIM FORM**

Does the Insured Person have Private Medical Insurance:      Yes:       No:

Please provide us with the insurance details including name, address and policy no:

Name and address of UK General Practitioner of injured/ill person:

PLEASE PROVIDE ALL MEDICAL INVOICES AND RECEIPTS THAT YOU WISH TO CLAIM FOR. IT WILL DELAY THE SETTLEMENT OF YOUR CLAIM IF THESE ARE NOT SENT WITH THE CLAIM FORM.

## **SECTION 3 - CANCELLATION OR CURTAILMENT**

When was the journey booked:

When was the journey cancelled or curtailed:

Please provide a detailed explanation of why the journey was cancelled/curtailed:

If the cancellation was not due to the person travelling please confirm the name of the person who caused the trip to be cancelled and their relationship to the person(s) travelling:

If the journey was cancelled due to injury/illness of the person travelling we will require written confirmation from the General Practitioner that the Insured Person was unfit to travel. If the journey was cancelled due to the injury/illness of a third party we will require written confirmation from the third party's General Practitioner confirming the injury/illness.

Please also provide documentation in support of the cancellation of the trip for any other factor not described above.

Please provide the original booking invoice and the cancellation invoice showing the charges incurred.

If the journey was curtailed, was the Emergency Assistance Company contacted? Yes:  No:

Were any additional expenses incurred? If yes, please provide details below and send all invoices/receipts with this claim form.

Please confirm who payment should be made payable to:

#### SECTION 4 - REPLACEMENT PERSONNEL EXPENSES (BUSINESS TRAVEL ONLY)

Name of replacement personnel:

Details of illness or injury that caused original employee to return from the trip:

Details of expenses:

Amount claimed:

**PLEASE PROVIDE MEDICAL EVIDENCE THAT THE INSURED PERSON HAD TO RETURN HOME.**

#### SECTION 5 - LOSS OF PASSPORT

Please confirm where the passport was lost:

Please provide details and the expenses incurred in replacing the passport and provide receipts:

#### SECTION 6 - TRAVEL DELAY/MISSED DEPARTURE

Reason for delayed/misled departure:

##### Travel delay:

Schedule date and time of departure: Flight/Ferry/Other Transport Number/Ref:

Actual date and time of departure: Flight/Ferry/Other Transport Number/Ref:

Number of hours delayed: Airline/Ferry/Other Transport Company Name:

##### Misled departure:

Point of departure: Point of Misled Connection:

Method of transport being used to arrive at departure point:

Please confirm how you recommenced trip:

Amount claimed:

#### SECTION 7 - PERSONAL PROPERTY AND MONEY

Date of loss or damage: Time:

Please provide a detailed description of how the loss/damage occurred, including the location:

Please confirm when the loss/damage was reported and to which authority, e.g. police/airline/tour operator/hotel etc. Please include their full address and reference:

If the loss relates to travellers cheques/cheques/cash/credit, bankers or charge card please confirm when the issuer was notified:

If the loss occurred at the airport or on the aircraft we will require the Property Irregularity Report and this should be sent with this claim form.

Please provide proof of the original purchase/ownership ie. receipts, bank/credit card statements, photographs, packaging, instructions manuals, valuations. Please note that we may make a deduction on the claim if proof of purchase is not provided and that wear and tear may be deducted where applicable. If items have already been replaced please send the replacement invoice or receipt.

## SECTION 8 - DETAILS OF PERSONAL PROPERTY OR MONEY LOST OR DAMAGED:

Full description of item

Where purchased and date purchased

Price paid

Cost now

Amount claimed

Please provide details of any other insurance policy that you have that may contribute to this loss, eg. household insurance, private medical insurance, personal travel insurance, credit card insurance:

Name of insurer:

Correspondence address:

Policy number:

*Please note: Insurance Companies will contribute to the settlement of each other's claims. This shares costs and helps to keep insurance premiums down. Any contribution made to us from another insurer should not affect any no claims bonus that you may have with them.*

In order to prevent fraudulent claims and for underwriting purposes we share information with other insurers via various databases and we make enquiries with Credit Reference Agencies who may note that an enquiry has been made about you. Section 9 should be completed by the Policyholder **and** (if different) by the Insured Person.

## SECTION 9 - DECLARATION

For Data Protection Purposes I/We acknowledge that any personal data secured from me/us as a result of this claim will be held and processed for insurance administration and claims investigation. For this purpose, the information may also be passed to selected third parties and reinsurers.

I/We consent to you processing sensitive data about me/us and other persons who may be insured under the contract. I/We understand that all personal data I/We supply must be accurate and I/We have the specific consent of those other persons insured to disclose their personal data.

I/We consent to the seeking of information from other insurers, Credit and other information Agencies to check the answers we have provided and will authorise the giving of such information.

I/We declare that on settlement I/We transfer all rights of subrogation and recovery to the Insurer and or/their Loss Adjuster. Please note that we have rights to salvage and we will exercise these rights where applicable.

I/We declare that to the best of our knowledge and belief the information given in this form is correct and complete.

### Insured Person

Name:

Signature:

Date:

### Policy Holder

Name:

Signature:

Date:

Please send completed claim form and supporting documents to:

Groupama Insurance Company Limited  
PA & Travel Claims Department  
Bank House  
Bank Street  
Tonbridge  
TN9 1BL

Tel: 0870 8500 181 (please note telephone calls may be recorded)