

claim form

Europesure Claims Service

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Please complete this document as carefully as possible in BLOCK CAPITALS. Ticks, dashes, N/A etc. will not be acceptable. Part 1 and Part 2 should be completed in FULL.

Please refer to page 2 for documents that you are required to submit with your claim.

Should you find that the form does not provide sufficient room for your answers, please continue on a separate sheet of paper.

EVIDENCE OF OWNERSHIP/VALUE

Insurers require claims to be supported by evidence of actual ownership and sight of original purchase receipts. Please forward original purchase receipts, guarantee cards, instruction manuals, credit card slips/statements or original insurance valuations to confirm ownership of the items being claimed.

Replacement estimates/receipts/insurance valuations do not prove ownership and are therefore not acceptable.

HOUSEHOLD INSURANCE

Insurers contribute to the settlement of each other's claims. This shares costs and helps to keep premiums down. Please give full details of your household contents policy where requested. The cost sharing procedure should not increase your household premiums and saves you having to deal with two companies for the same loss.

PART 1: DETAILS OF CLAIMANTS

(to be completed by all Persons making a claim)

FULL NAMES OF ALL CLAIMANTS	OCCUPATION	DATE OF BIRTH
1. Mr/Mrs/Miss		
2. Mr/Mrs/Miss		
3. Mr/Mrs/Miss		
4. Mr/Mrs/Miss		
Address:		
Postcode:	Daytime tel. no.	
Destination:		
Policy Number:	Travel Agent:	
Address of travel agent:		
Postcode:		
Scheduled Departure Date:	Scheduled Return Date:	
Date Insurance Purchased:	Date Trip Booked:	

PART 2: DECLARATION

(to be signed and completed by all claimants as in Part 1 above)

I/We declare that all the information supplied is true and correct in every respect and that no relevant information has been withheld. On settlement I/We transfer rights of subrogation, salvage and recovery to the Insurer and/or their Agent.

I/We are aware that if any element of this claim proves to be fraudulent, this will invalidate my/our Certificate and I/We will be liable to criminal prosecution.

I/We understand that a computerised record will be kept of this claim and that you may release this information to insurers or other interested parties. I/We understand that all these computerised records are held in accordance with the Data Protection Act, 1984.

Do you hereby agree with all the information given on the medical certificate? YES / NO

I/We hereby authorise Insurers and/or their appointed Agent to contact the doctor named on the medical certificate and/or their practice for any additional information which may be necessary to deal with this claim.

I/We authorise the doctor and/or their practice to release such information.

Signature 1	Date
Signature 2	Date
Signature 3	Date
Signature 4	Date

DOCUMENTS THAT ARE REQUIRED

ORIGINAL DOCUMENTS MUST BE PROVIDED. WE CANNOT ACCEPT PHOTOCOPIES, SCANNED OR FAXED DOCUMENTS, UNLESS SPECIFICALLY AGREED BY US.

FOR ALL CLAIMS

1. The Travel Insurance Certificate plus the receipt showing payment of the Insurance Premium.
2. The Tour Operator's or Travel Provider's booking document(s) showing the total cost of the holiday.
3. Travel Tickets (Airline/Ferry/Coach etc).
4. Your Travel Itinerary.
5. A photocopy of your passport page showing your photograph, name and date of birth. *(This is only required to verify the identify of the claimant(s).)*
6. Documents to support any discount given to you for your Travel Arrangements.

CANCELLATION/LOSS OF DEPOSIT

1. Proof of the cancellation, eg.
 - a) Medical – the Medical Certificate on **Page 4** is to be completed for all Claims.
 - b) Death – the Death Certificate. Also the Medical Certificate on **Page 4** is to be completed for all Claims.
 - c) Redundancy – a letter from the former employer confirming the period of employment and date you were notified of the redundancy.
 - d) Attendance at Court – the court subpoena.
2. The Tour Operator's or Travel Provider's cancellation invoice.
3. For any privately arranged travel/accommodation, written confirmation from the provider of the monies paid, the cancellation charges and a copy of the contract terms, if any.

TRAVEL DELAY

1. A letter from the carrier stating:
 - a) exact reason for the delay,
 - b) scheduled departure date and time,
 - c) actual departure date and time.

MISSED DEPARTURE

1. Receipts for additional expenses incurred.
2. Written confirmation from the Public Transport Scheduled Service Operator of the reason for the failure.
3. Written confirmation from the repairer of the vehicle as to the damage incurred or the cause of the mechanical failure.

MEDICAL EXPENSES/CURTAILMENT

1. All receipts for expenses incurred.
2. Additional travel tickets.
3. A copy of the EHIC card if treatment was received within the EC.
4. For claims for a serious illness resulting in hospitalisation whilst abroad, the Medical Certificate on Page 4 must be completed by your usual GP.
5. If hospitalised, written confirmation from the hospital abroad of the date and time admitted and the date and time discharged.
6. A letter from the treating doctor abroad confirming the medical necessity to return to your Country of Residence earlier than planned.
7. The Medical Certificate on **Page 4** is to be completed, for claims where curtailment is either as a result of illness/death which occurred of a person not insured or for any person named in Part 1, other travelling companions or person(s) whom you had planned to stay with. The usual GP of that person is to complete the certificate.

PERSONAL EFFECTS/MONEY

1. A Police or Courier's Report as stated on your Certificate. Please refer to your Certificate for clarification.
2. For money claims, currency conversion slips/copy of bank/building society statements or a letter from your bank confirming withdrawal of funds prior to the trip.
3. For personal effects claims see the note on the front of the form – **EVIDENCE OF OWNERSHIP/VALUE.**
4. The Property Irregularity Report issued by the carrier, ticket and baggage tags.
5. Please keep all damaged items. These may be required for inspection by us.
6. Receipts for any emergency items purchased.

PERSONAL LIABILITY

1. Receipts for any expenditure that you were required to make.
2. Witness statements.
3. Any photographs taken of the property that was damaged.

MEDICAL CERTIFICATE

TO BE COMPLETED BY THE GENERAL PRACTITIONER OF THE PERSON WHOSE ILLNESS/INJURY GIVES CAUSE FOR THE CLAIM.

Any charge for the completion is the responsibility of the Insured and is not refundable under the Insurance Policy.

PLEASE ANSWER ALL QUESTIONS. TICKS, DASHES, N/A WILL NOT BE ACCEPTABLE.

1. Full Name of the Patient/Person whose condition has caused the claim.	
2. Date of Birth.	
3. Are you their regular medical attendant? a) If so, for how long? b) If not, what is your involvement with this matter?	YES / NO a) b)
4. State the precise nature of the medical condition/illness/injury/cause of death that caused the claim. If Injury, state how this was caused.	
5. a) State exact date of onset as in 4 b) Date first consulted c) Date when there was any serious deterioration, if applicable	a) b) c)
6. PREVIOUS MEDICAL HISTORY – If NO History, state NONE State, with dates, any incidents associated with the condition as in 4 during the 2 years prior to the date the Insurance was effected, to include medication and treatment, tests, specialist referrals or hospitalisation.	
7. Has the person named in 1 above received a terminal prognosis? If YES, state on what date was this given to: a) the person named in 1 above b) the claimant, if not the same person	YES / NO a) b)
8. Has the patient ever had a psychiatric or psychological disorder? If YES, state a) date of diagnosis b) treatment received c) dates of in-patient admission(s)	YES / NO a) b) c)
9. Was the patient waitlisted for hospital admission? If YES, state a) date waitlisted b) date admitted c) for what condition/procedure	YES / NO a) b) c)
10. Please state: a) whether the patient consulted you prior to their journey as to the advisability of undertaking the holiday or journey. If so on what date. b) whether, in your opinion, the patient was fit to travel at the time of departure	YES / NO Date: YES / NO
11. Please provide details of the patient's state of health at the time the Insurance was purchased (see Part 1).	
12. If the claim is a result of pregnancy, please advise: a) Date pregnancy confirmed b) Expected confinement date c) If cancellation, exact reason for the cancellation	a) b) c)
13. Please advise the date when it first became apparent that the holiday should be cancelled.	
14. Please state the exact date you advised the need to cancel.	
15. Are you prepared to clarify that, solely due to the condition described in 4 above, the claimants are compelled to cancel the holiday arrangements?	

TO BE COMPLETED BY THE GENERAL PRACTITIONER

I certify that the information given is complete and correct.

Name (please print):

Qualifications:

Address:

Postcode:

Signature:

Date:

PART 5: PERSONAL EFFECTS/MONEY

Details of loss/damage: Date:	Time:	Place:
Full details of circumstances:		
Was loss/damage reported to the courier? YES / NO	Was loss/damage reported to the airline? YES / NO	
Was loss/damage reported to the Police? YES / NO	If NO, please state reason why:	
HOUSEHOLD INSURANCE: Name and Policy Number of household insurers and their address (<i>refer to note on front of form</i>).		
Policy Number:	Name:	
Address:		
Postcode:		
Is there any other relevant policy that may cover your belongings? YES / NO		
If YES, please give details:		
Have you ever made an Insurance claim for personal property or money? YES / NO		
If YES, please give precise details:		

PART 6: PERSONAL LIABILITY

Address of holiday residence/hotel:
Date, time and place of incident:
Have you admitted liability: YES/NO
If YES, please explain why:
Full details of circumstances:

PART 7: TRAVEL DELAY/MISSED DEPARTURE

Scheduled date and time of departure:	Actual date and time of departure:
Reason for delay:	Length of the delay
Name of Airline/Ferry company:	Flight/Ferry No:
If claim is for missed departure, please provide full details of the circumstances which prevented you from reaching your departure point:	
Amount claimed:	

