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.

I wish to sub information	Please write clearly in black ink mit a claim under my travel insurance the provided. I understand that any false info claim and in certain circumstances the po	rmation or exag	geration n		
Signed		Date		/	/
Signature of	parent or guardian if claiming for a mino	r. See note on b	ack page		
The below de	etails should be completed in respect of	the claimant.			
Title		Certificate nur	mber (can b	e found on c	ertificate)
First Name		under which y	ou are clair	ning. If claim	elow the section(s) ing under more thar Ind 'back' pages once
Surname		Section(s)			
DOB		Date you book	ked your tri	р	
Height				/	/
		Commenceme	ent of trip		
Weight				/	/
Home		Intended return date			
address				/	/
Doct code		Do you have a provide cover	for this loss	s?	,
Post code					have, as this helps to of other insurance
Email		policies are: priva bank/building soc			
Mobile No.		insurance, or if yo	ou live with you	ur parents their	home insurance.
Other number(s)		Yes		No	
(optional) Resort or country of incident		If yes, please supply details of policy(ies) and attach a copy			

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
Haspital Repofit

Your name	e	

HC	ispitai Benefit							
	ease complete this form together with the 'front' an ntinue on the notes page. Where there is a Yes or N						•	
1	Date of accident or onset of sickness which has given rise to a claim	5	association	n, local	nyone else (e authority) pa uted to the i	art or who	on, company Ily at fault ai	, no
			Yes			lo		
2	Illness Please show below the nature of your illness, together with details of the treatment received, or		If Yes, plea ask for mo	se give	a brief desc rmation at a	ription be later date	low. We may	/
3	Accident Please show below injuries sustained and enclose a Doctors report if available, together with details of the treatment received	6	prior to the	e accid	what you wer ent, and if sk e on or off pi	iing/snowb	mediately poarding	
4	Please give a full description of the accident below				On piste	Off	piste	
		7.	treatment time befor suffer from	suffere in resp e the c n a con	d from or ha bect of this in late in quest dition(s) whi e injury or si	njury or sic ion 1 and ch may ha	kness at any or do you	
			Go to ques	tion 7.2	Go to o	question 7.6		

7.3 A description of the condition (this information must be given even if deciared as part of the sales process) 7.4 Was this disclosed to MPI at the time of purchasing your insurance? 7.5 Did you consult your doctor before booking your trip? 7.6 Yes No 7.7 A fire you taking any medication? 7.6 Are you taking any medication? 7.7 Yes No 7.7 If Yes No 7.8 Was the assistance company contacted? 7.9 Yes No 8 Was the assistance company contacted? 7 Yes No 9 Were you admitted to hospital as an in-patient? 7 Yes No 9.1 If Yes', how long were you in hospital? 8 No 9.2 Date of admission 10 How many times did you visit the doctor, or did the doctor visit, you? 11 What was your intall method of transport (e.g., light, coach, car) 12.3 Did you incur any other costs or expenses incurred 12.3 Did you incur any other costs or expenses incurred 12.4 Did you incur any other costs or expenses incurred 12.5 Treatment of the already paid continue on notes page. Please attach original receipts for these page in the context proof of pagments, and number of them with the corresponding number below 14.1 If yes a display a line and part of the sales proof of pagments, and number of them with the corresponding number below 15.1 The costs you have already paid continue on notes page. Please attach original receipts or other proof of pagments, and number of them with the corresponding number of page in the corresp	7.2	If 'Yes' please give date of onset	Your name	
7.3 A description of the condition (this information must be given even if declared as part of the sales process) No Item Box Impales and number them with the corresponding number below			12.1 The costs you have already paid (continue on notes	page)
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		Times	Please attach original receipts for these ✓ above	
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not shown above				reu
Yes No			Yes No	

		Your name	
12.3 France only Have you received any invoices labelled 'feui soins' (if you did not travel to France, please question 13) Yes No If yes, please sign at the bottom right hand co	ille de go to corner of	14 European Health Insurance Card at Health Insurance Card I hereby consent that MPI Claims may some reimbursement of Medical Expenses paramedical treatment. Please Note: Insurers only receive a proportion of medical treatment and this can take several years to process.	
the 'feuille de soins' and include the original w claim form	vith your Sig	rned:	Date:
13 Medical Consent Form Please sign the Medical Consent below. In certain circumstances, it may be necessary to make contact your doctor to obtain information on your medical of the contact of the con	ct with records.	tional Insurance No: tionality:	
give MPI Claims authority to ask for medical reconecessary, relating to this claim.	ords if		
Signed: Date:			
Name and address of your GP			

Notes

You may continue answers to questions on this page

Q. No.	Continuation

Travel Insurance Claim Form - Consumer 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 postcod	е
Your signature:	Date:
If only part of the costs are to b please explain below.	e paid to another persor

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

ax/8810-6

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:

l,	am:
• a parent of the child	
· a guardian of the child	

• a teach	er on a school tip
• 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:	