

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.

Declaration Please write clearly in black ink

I wish to submit a claim under my travel insurance through MPI Claims 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.

Signed

Date

 / /

Signature of parent or guardian if claiming for a minor. See note on back page

The below details should be completed in respect of the claimant.

Title

Certificate number (can be found on certificate)

First Name

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.

Surname

Section(s)

DOB

Date you booked your trip

 / /

Height

Commencement of trip

 / /

Weight

Home address

Intended return date

 / /

Post code

Do you have any other insurance which may also provide cover for this loss?

Please think about the other policies you may have, as this helps to keep premiums down in the future. Examples of other insurance policies are: private medical insurance, family travel insurance, bank/building society, Carré Neige, Carte Neige, home or flat insurance, or if you live with your parents their home insurance.

Email

Yes

No

Mobile No.

Other number(s) (optional)

If yes, please supply details of policy(ies) and attach a copy

Resort or country of incident

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



Cancellation

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.

If the cause of the cancellation was due to medical reasons, please read the attached medical certificate which must be completed by the usual treating Doctor of the person who has caused the cancellation.

Any fee for completing the medical certificate is the responsibility of the patient/claimant.

1 Please complete the grid below showing the reason for cancelling your trip and if 'other' give information on the notes page

	You	Relative	Travel Companion	Business Colleague
Sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Where were you due to travel?

3 On what date were you advised to cancel your trip?

4 On what date did you cancel your trip with the relevant providers (e.g. airline/hotel/tour operator)?

5 Please describe the circumstances which has caused you to cancel

6.1 Health

(if reason for cancellation is due to injury or sickness)

Has the person who is the reason for the cancellation suffered from or had any symptoms or treatment in respect of the injury or sickness that caused the cancellation at any time before the date in question 3 or do they suffer from a condition(s) which may have caused or contributed to the injury or sickness?

Yes

No

Go to question 6.2

Go to question 7

6.2 Please give date of onset

6.3 A description of the condition (this information must be given even if declared as part of the sales process)

6.4 Was this disclosed to MPI at the time of purchasing your insurance?

Yes

No

6.5 Did you/they consult your doctor before booking your trip?

Yes

No

6.6 If this onset was after booking your trip but before the issue date on your Certificate of Travel Insurance, did you/they consult your/their doctor?

Yes

No

6.7 Are you/they taking any medication?

Yes

No

If 'yes' has the dosage changed in the 6 month period prior to the issue date on your Certificate of Travel Insurance

Yes

No

Your name

7 Was the trip booked a Package or Independent?

Package Go to Q.8

Independent Go to Q.9

8 Please supply the following information and attach supporting documents

Name of Tour Operator

Tour Operators Terms and Conditions

Booking confirmation(s)

Cancellation invoice(s)

Please show total cost of your trip including items not booked with your tour operator together with any recoveries obtained.

	Amount £	Recoveries £
Total cost of Package (trip)		
Additional travel items <small>(if included in package just place a tick in the amount column, if not included please show amount)</small>		
Overseas expenses		
Transfer to Resort		
Ski Pass		
Ski Hire		
Ski School/Guide		
Car Hire		
Excursions		
Other		
UK expenses		
Taxi to Airport		
Airport parking		
Airport Hotel		
UK domestic travel		
Other		
Total		

9 Please supply the following information and attach supporting documents

Booking confirmation(s)

Cancellation invoice(s)

Please show total cost of your trip together with any recoveries obtained

	Amount £	Recoveries £
Travel		
Ferry/Eurotunnel tickets		
Flight tickets		
Overnight Accommodation		
Transfer to Resort		
Car Hire		
Other		
Overseas expenses		
Main Accommodation		
Car Parking		
Excursions		
Ski Pass		
Ski Hire		
Ski School/Guide		
Other		
UK expenses		
Taxi to Airport		
Airport parking		
Airport Hotel		
UK domestic travel		
Other		
Total		

13 Was the patient on a hospital waiting list for treatment for the condition which caused cancellation?

Yes No

If yes, please provide details and dates

14 If the patient is the insured did you advise him/her against travel?

Yes No

If yes

a) date you advised against travel

b) reasons why travel was not recommended

If no

c) was it medically necessary to cancel the trip?

Yes No

d) on what date could the decision to cancel have been reasonably anticipated?

15 Were you aware of the holiday or trip plans when you were first consulted?

Yes No

16 Was the patient due to travel on the cancelled trip?

Yes No

If yes

a) was the patient fit to travel on the date in Q2 or Q3 which ever is the later

Yes No

b) was the patient travelling or had booked to travel contrary to medical advice?

Yes No

If no

c) what was the patient's state of health on the date in Q2 or Q3 which ever is the later

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 postcode

Your signature:

Date:

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

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

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:

I, am:

• a parent of the child

• a guardian of the child

• a teacher on a school trip

• 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: