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		rence number (can be found on policy wording) thout this we are unable to process your claim				
Height		MP /				
	Notification of I	Incident No				
Weight	Date of contract up, not the date	ct of employment. This is the date you signed the you started				
Home		/ /				
address	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.					
	Section(s)					
Post code		nt of employment				
	Date	/ /				
Overseas address	Period					
Email	cover for this e Please think about premiums down in on your claim. Exa insurance, family t	ny other insurance which may also provide event?  It the other policies you may have, as this helps to keep to the future. Giving us this information will have no effect amples of other insurance policies are: private medical travel insurance, bank/building society, Carré Neige, e or flat insurance, or if you live with your parents their				
	YES	NO				
Mobile						
Other number (optional)	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

Your name



## **Emergency Medical Expenses Repatriation**

Hospital Benefit (Part B only)								
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	<b>5</b> 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	<b>Illness</b> Please show below the nature of your illness, or		If YES, plea for more in			description belo ater date	w. W	/e may ask
3	Accident	6	1 Dlagge dag	oribo wh	ot vou v	wara daing imm	o di ol	talu
	Please show below injuries sustained and enclose a Doctors report if available	<b>6.1</b> 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 s	kiing		Snowboardi	าg	
		6	.3Were you o	n piste		off piste		
		7.	1 About You	r Healtl	1			
			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 o	question 7	.2	Go to question	17.6	

7.2	If 'YES' please give date of onset					Your name							
	/		/			10.	How many ti	mes did yo	u visit the do	ctor?			
7.3	A description of the condition (this must be given even if disclosed to MPI)					Times							
						11.	11. What was your initial method of transport to the resort? (e.g. flight, coach)						
7.4	4 Was this disclosed to MPI at any time?						12. Was transport paid for by your employer?						
	YES		NO				YES		NO				
7.5	Did you cons employment		ur doctor before	e acce	pting	13.1	. The costs yo			luding the	excess if		
	YES		NO			No.	ltem	How Paid	Invoice and Receipt attached	Currency	Amount		
			after accepting id you consult y			A1							
	YES		NO			A2							
7.6	Are you on n	nedicat	tion?			A3							
	YES		NO			AS							
	If 'YES', did t before accep		sage change in mployment?	the 6-r	nonth period	A4							
	YES		NO			A5							
8.	Was the assi	istance	e company cont	acted?		A6							
	YES		NO			A7							
9.	Were you ad	lmitted	to hospital as a	an in-pa	atient?	A8							
	YES		NO			A9							
9.1.	If 'YES', how		vere you in hosp	oital?		A10							
Nights					A11								
9.2.	Date of admi	ission	/										
	/		/			A12							
9.3.	Name of Hos	spital				Plea: abov abov	se attach orig re costs and r re	inal receipt number the	s or receipte m with the co	d invoices orrespondi	for the ng number		

13.2 Treatment	you have inc	urred but ha	ave not paid	b	Your name			
Item	Yes/No	Receipt Enclosed Not Encl	Currency	Amount if Known	14. Medical Consent Form			
Doctor		. 100 2.110.			Please sign the Medical Consent below. In certain circumstances, it may be necessary to make contact with your			
Hospital					doctor to obtain information on your medical records.			
Mountain rescue					l,			
Helicopter rescue	:				give MPI Claims authority to ask for medical records if necessary, relating to this claim.			
Physiotherapy					Signed: Date:			
Ambulance					-			
Taxi					Name and address of your GP			
Other								
	any other cos hown above		ses incurre	d (paid or	15 European Health Insurance Card I hereby consent to International Medical Rescue seeking reimbursement of Medical Expenses paid arising out of medical treatment. Please Note: Insurers only receive a proportion of medical expenses from the state and this can take several years to process.			
YES NO					Signed: Date:			
	<b>13.4 France only</b> Have you received any invoices labelled 'feuille de soins'			e de soins'	National Insurance No:			
YES	NO							
If yes, please e the bottom righ forms.	nsure that the t hand corner	original inv and posted	oices are s I with your	igned in claim	Nationality:			
Notes  You may continue answers to questions on this page								
Q. No.	Continuat				a de description en entre la nGa			
•								

# 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

Name of UK bank

Sort code

Account No.

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

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

Print name:

Date:

Signature of Employer:

Print name:

Position:

Date:

#### 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