

Curtailment Expenses Claim Form



Please complete this claim form fully and return it to the following email address: enquiries@ergo-ias.co.uk or by post to: ERGO IAS Services, Unit 6, Birch House, Ransom Wood Business Park, Southwell Road West, Mansfield, NG21 0HJ.

Guide to Making A Claim

Documents that are required

Where returning by email please provide clear scanned copies. In certain circumstances we may request the original documentation.

FOR ALL CLAIMS

1. Completed claim form.
2. The Travel Insurance Certificate.
3. A photocopy of your passport page showing your photograph, name and date of birth. (This is only required to verify the identity of the claimant(s))
4. Additional documentation to support your claim as detailed below.

FOR MEDICAL EXPENSES / CURTAILMENT CLAIMS

1. All receipts for expenses incurred.
2. Additional travel tickets if applicable.
3. Your EHIC/GHIC if treatment was received within the European Union.
4. For claims for a serious illness resulting in hospitalisation whilst abroad, the Medical Certificate must be completed by your usual GP, unless your medical records were already sent to the Assistance Company whilst you were being treated abroad.
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 reason and medical necessity to return home to the UK earlier than planned.
7. A Medical Certificate for claims where curtailment is a result of illness/death which has occurred in the UK of a close personal relative.

Personal details

Title Mr Mrs Miss Ms Other

Family name First name

Date of birth

Address

Daytime tel no. Post code

Email address Evening tel no.

Occupation

Policy details

Company name If applicable

Policy number Date of issue

Date of booking Destination

Date of travel Date of return

Travel agent Tour operator

Claim details

Reason for curtailment

Names of all persons cancelling	Age	Relationship to claimant
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Actual date of return Number of unused nights

If curtailment was due to a medical condition of your party has a medical claim been submitted? Yes No

Was our medical emergency number contacted? Yes No

Date Time Claim number

Particulars of claim

Nature of expenses	Provider	Cost	
		Local currency	Sterling

Information we need from you for possible recovery opportunities

Your Travel Policy has conditions attached whereby you must provide us with any information that assist any recovery actions. This is a standard practice in the insurance market and contributions made from other insurance cover serve to keep the costs of your premiums down. The information provided should not affect your renewal premiums or no claims discount.

Please answer the following questions and provide details as required. For questions that require a YES / NO response, please tick the appropriate boxes. Failure to do so may delay your claim.

1. Do you have a bank account?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
A bank account you hold may offer Travel Insurance cover as part of the benefits. Under no circumstances will your bank account information be used other than to obtain a contribution from the Travel Insurance provider. This will not affect your bank account in any way.			
	Name of bank (e.g. HSBC)	Type of account	Account holder name
Bank Account			

2. Was a credit card or debit card used to pay all or part of the trip cost? (Certain credit or debit cards provide an element of travel cover)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Card issuer	Type of card e.g. Visa	Cardholder name
Bank Account			

3. Do you have a Household Contents insurance policy? (Some household contents policies provide an element of travel cover)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name of Insurer	Policyholder name	Policy number
Bank Account			

4. Do you hold any Private Medical Insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name of Insurer	Policyholder name	Policy number
Bank Account			

5. Do you consider anyone to blame for the incident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details.			

It is a condition of the policy and your responsibility to provide sufficient documentation to support your loss. Failure to provide the required documentation, including the details of any other insurances, will delay and may invalidate the claim.

Access to Medical Reports 1988

It may be necessary to apply for a medical report from a Doctor who has cared for you, and we ask that you give your consent by signing the claim form declaration. Before doing so, however, you should read this note carefully, as it sets out your rights under the Access to Medical Reports Act 1988, and the procedures for dealing with the reports. You do not have to give your consent, but if you do, you can say whether you wish to see the report (or have a copy of it) before it is sent to us. If you say you wish to see the report, we must tell you at the same time as we write to the Doctor and we must tell him / her you wish to see the report. You have 21 days to contact the Doctor about arrangements for you to see the report.

Whether or not you say you wish to see the report before it is sent to us, the Doctor must let you see a copy for up to six months after it is supplied (if you ask). If you ask the Doctor for a copy of the report, he can charge you a reasonable fee to cover his / her costs.

Once you have seen a report, before it is sent to us, the Doctor cannot submit it until he has your written consent. You can write to the Doctor asking him to amend any part of the report which you consider to be incorrect or misleading, and have attached to the report a statement of your view on any part which he will not amend.

The Doctor is not obliged to let you see any part of a report if, in his opinion, that would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the Doctors intentions towards you or if disclosure would likely to reveal information about you or the identity of another person who has supplied information about you, unless that person has consented to the information relates to, or has been supplied by a health professional involvement in caring for you. In such cases, the Doctor must notify you in writing and you will be limited to seeing any remaining part of the report. If it is the whole of the report that is affected, he / she must not send it to us unless you give your written consent.

Preliminary Medical certificate

To be completed by the usual medical practitioner of the ill / injured person. Please continue on a separate sheet of paper if necessary.

This information will be treated as PRIVATE AND CONFIDENTIAL. PLEASE COMPLETE IN BLOCK CAPITALS.

1.	Patient name	
2.	Patient age	
3.	Are you the patient's usual Medical Practitioner?	
4.	If so, for how long?	
5.	<ul style="list-style-type: none"> a. State the date you first attended the patient for the present illness / injury. b. If for pregnancy reasons, give date confirmed & expected date of delivery. 	
6.	Please give a brief account, with dates of onset, course and progress of present illness /injury.	
7.	Has the Patient received a terminal prognosis?	
8.	<ul style="list-style-type: none"> a. Please provide dates and details of any in-patient treatment. b. Date placed on waiting list 	
9.	Has the patient suffered from the same or similar condition in the past? If the answer to this is YES, is the present illness, in your opinion, resulted in any way from the past condition?	
10.	Has the patient been totally disabled from attending to any aspect of his /her business of occupation as a result of this condition?	
11.	When did total disability cease? If continuing, when do you anticipate return to work?	
<p>DOCTORS DECLARATION: I declare that I have examined the patient named above and / or have referred to their medical records and confirm that the information given above is a true and accurate statement, and further that no material information has been withheld</p>		This section to be validated by surgery's stamp
Print name		Signed _____ Date _____

Claimants declaration and signature

1. I declare that all details and particulars given in respect of the claim(s) made herein constitute a true and accurate statement.
2. To the best of my knowledge and belief I have not omitted any material information which would affect the insurers assessment of this claim.
3. I confirm that where a claim or claims are made in respect of others, I have their full authority to act on their behalf. I also confirm that they have been advised that ERGO Travel Insurance Services Ltd (ETI) will not accept any liability if any payments are not distributed proportionately to the persons concerned.
4. I hereby give my permission for any medical practitioner or authority mentioned herein to release further information regarding my medical records to ETI. I am aware that all such information will be disclosed in accordance with the terms and provisions of the Access to Medical Records Act (AMRA) or other similar legislation.
5. I am aware that an insurance claim made in the knowledge that any element thereof is fraudulent is a criminal offence and that this will invalidate the policy and will render me liable to prosecution.
6. I consent to ETI:
 - a. recording, storing and using my personal data in an electronic record of this claim; and
 - b. sharing the record of this claim, including my personal data, with other insurers and interested parties as part of insurance industry anti-fraud initiatives; in accordance with the General Data Protection Regulation.

I have read and understand the declaration above and included the necessary documents to substantiate my claim.

Claimant(s) full name(s)	<input style="width: 100%;" type="text"/>		
Clients signature	<input style="width: 300px; height: 40px;" type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Full name of an authorised representative of the corporate policy holder (corporate and / or education group cover)

<input style="width: 100%;" type="text"/>			
Signature of authorised representative	<input style="width: 300px; height: 40px;" type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

I / We authorise to act on my behalf in this matter.

Client's signature	<input style="width: 300px; height: 40px;" type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
--------------------	--	------	---

Confidentiality and data protection

Consent

We will only use Your personal data when the law allows Us to. Most commonly We will use Your personal data under the following two circumstances:

1. When You gave explicit Consent for Your personal data, and that of others insured under Your Policy, to be collected and processed by Us in accordance with this Data Protection Notice.
2. Where We need to perform the contract which We are about to enter into, or have entered into with You.

How We use Your Personal Data

We use Your personal data for the purposes of providing You with insurance, handling claims and providing other services under Your Policy and any other related purposes (this may include underwriting decisions made via automated means). We also use Your personal data to offer renewal of Your Policy, for research or statistical purposes and to provide You with information, products or services that You request from Us or which We feel may interest You. We will also use Your personal data to safeguard against fraud and money laundering and to meet Our general legal or regulatory obligations.

We collect and process Your personal data in line with the General Data Protection Regulation and all other applicable Data Protection legislation. The Data Controller is ETI. For the purposes of handling claims the Data Processor is ETI.

Special Categories of Personal Data

Some of the personal data You provide to Us may be more sensitive in nature and is treated as a Special Category of personal data. This could be information relating to health or criminal convictions, and may be required by Us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for Us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes as set out in this notice.

Sharing Your Personal Data

We will keep any information You have provided to Us confidential. However, You agree that We may share this information with Great Lakes Insurance SE and other companies within the ERGO Group and with third parties who perform services on Our behalf in administering Your Policy, handling claims and in providing other services under Your Policy. Please see Our Privacy Policy (www.ergotravelinsurance.co.uk/ergo-privacy-statement) for more details about how We will use Your information.

We will also share Your information if We are required to do so by law, if We are authorised to do so by You, where We need to share this information to prevent fraud.

We may transfer Your personal data outside of the European Economic Area ("EEA"). Where We transfer Your personal data outside of the EEA, We will ensure that it is treated securely and in accordance with all applicable Data Protection legislation.

Your Rights

You have the right to ask Us not to process Your personal data for marketing purposes, to see a copy of the personal information We hold about You, to have Your personal data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask Us to provide a copy of Your personal data to any controller and to lodge a complaint with the local data protection authority.

The above rights apply whether We hold Your personal data on paper or in electronic form.

Your personal data will not be kept for longer than is necessary. In most cases this will be for a period of seven years following the expiry of the insurance contract, or Our business relationship with You, unless We are required to retain the data for a longer period due to business, legal or regulatory requirements.

Further Information

Any queries relating to how We process Your personal data or requests relating to Your Personal Data Rights should be directed to:

Data Protection Officer, ETI, Afon House, Worthing Road, Horsham, RH12 1TL, United Kingdom

Email: dataprotectionofficer@ergo-travel.co.uk

Phone: +44 (0) 1403 788 510

Settlement by BACS

For your convenience and to offer an efficient smoother service, we would like to pay any claim settlement due directly into your bank account. Please provide ALL your details on this form as requested below, remembering to sign and date also.

If you do not wish to provide your bank details, any settlement due on your claim will be issued by cheque and may take a little longer to process.

You will receive an email from us to confirm when this payment has been made.

Your details	
Name of Claimant	
Email Address Where we will send confirmation of payment	

Bank account details	
Name of Payee This should be the same as held on the bank account	
Bank Name	
Bank Address inc. Country and Postcode	
Bank Account Number	
Sort Code	

If your bank account is held abroad, please also enter the following details:	
IBAN/BIC number	
Swift Code	

Signed

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

IMPORTANT: We do not accept liability for any errors due to the incorrect bank details being provided by you.

PLEASE CHECK ALL DETAILS PRIOR TO SUBMITTING YOUR CLAIM.