

STUART ALEXANDER

130 Fenchurch Street, London EC3M 8AB Tel: 020 7338 0111 Fax: 020 7338 0031

Medical Expenses/Travel Curtailment Claim Form

SECTION 1 (Claimant details)

TITLE	FULL NAME	OCCUPATION	DATE OF BIRTH
1			
2			
3			
4			

Address	
	Post Code
Daytime Tel No	Country of Residence
Travel/Tour Operator	Country of Destination
Departure Date	Return Date
Date insurance was purchased	

SECTION 2 (Claim details)

MEDICAL EXPENSES & CURTAILMENT			
Date, time and place of illness/injury			
Illness suffered or injuries sustained			
Details of any previous history			
If injury, state circumstances			
Did you take Form E111 with you? (Europe only)	Yes/No	Was it presented?	Yes/No
Did you contact our Emergency Assistance Service?			Yes/No
Do you hold any private medical insurance, e.g. BUPA, PPP etc?			Yes/No
If Yes, Policy Number/Scheme Name			
Period of extended accommodation (if applicable)		From	To
What were you original return travel arrangements?			
Were any additional expenses incurred in returning home?			Yes/No
If Yes, enter reasons and costs in STATEMENT OF CLAIM			

If hospitalised: Date/time admitted	Date/time discharged
In case of early return through illness, bereavement of injury please complete the following:	
Date on which you returned	Were you accompanied? Yes/No
If Yes , by whom	
Reason for the curtailment	
Were any additional expenses incurred? Yes/No	
PLEASE ENCLOSE WRITTEN CONFIRMATION FROM THE DOCTOR ABROAD THAT IT WAS MEDICALLY NECESSARY FOR YOU TO CURTAIL YOUR HOLIDAY	

SECTION 3 (*Statement of Claim*)

Please list expenses being claimed for and treatment received	Amount paid (local currency)	Sterling equivalent (£)	Receipt Attached Yes/No?	State to whom payment should be made
Total amount claimed	£			

DECLARATION (to be completed by all claimants)

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

Signed _____ **Date** _____

Signed _____ **Date** _____

Signed _____ **Date** _____

Signed _____ **Date** _____

DOCUMENTS REQUIRED TO SUPPORT YOUR CLAIM

IMPORTANT: ORIGINAL DOCUMENTS ARE REQUIRED. WE DO NOT NORMALLY ACCEPT PHOTOCOPIES OR FAXED DOCUMENTS

1. All original receipts for expenses incurred.
2. Additional Travel tickets.
3. Form E111 if not presented whilst abroad (European travel only).
4. In respect of claims following hospitalisation abroad, your usual UK Doctor must complete the Medical Certificate included in the Claim Form.
5. If hospitalised, written confirmation from the hospital concerned of date/time admitted and discharged.
6. Letter from the treating Doctor abroad confirming the medical necessity to return home to the UK earlier than planned.