

TRAVEL COVER

CLAIM FORM

FILLING IN THIS FORM

Please fill in this form if you need to claim from the Worldwide Travel Cover.

Complete this form in black ink and as fully and truthfully as possible. Leaving questions blank or just making marks may lead to delays if we have to return the form to you for more information.

Please take special note of the following points before you complete this form:

- Only send original documents. Photocopies will not be accepted unless otherwise stated.
- **With the exception of claims for the cancellation of a trip, you must send the original booking invoice, itinerary or tickets. Without these your claim form will not be assessed.**
- Any fee charged by your GP for providing information for completion of your claim form will not be covered.
- The issuing of this form is not an acceptance of your claim.
- If you don't attach all the documentation requested from you in the section(s) under which you are claiming, it may cause a delay in our decision.

Please return this form to: VitalityHealth, St Christopher House, Wellington Road South, Stockport, Cheshire, SK2 6NG.

STEP BY STEP GUIDE

- Step 1** The insured member must complete Part one and Part two in addition to the relevant section under which the claim is being made. Please also refer to the claim evidence checklist on page 8 to ensure the correct evidence has been submitted to your relevant claim.
- Step 2** After ensuring this claim form has been fully completed, please post it to us, together with any original accounts incurred to date, to the above address. We advise you to keep copies of all documentation sent to us for your records.
- Step 3** As soon as we receive your completed claim form we will assess your claim and confirm our decision in writing. For additional information about your plan please refer to your terms and conditions document.

PART ONE - GENERAL DETAILS (BLOCK CAPITALS PLEASE)

TO BE COMPLETED BY THE INSURED MEMBER. ALL QUESTIONS MUST BE ANSWERED.

1. Plan number

Planholder's details (company name)

2. Insured member/claimant's name(s)

Date of birth Daytime tel. no.

Address
Postcode

3. Destination of travel Country

Departure date Return date

Please indicate type of trip Holiday Business

4. Is any part of this claim covered by any other insurance policy you hold? Yes No

If yes, please give name and address of insurer and policy number

5. Name(s) of other people travelling in your party covered by your plan

Now please go to the section under which you are claiming and then complete the declaration in Part two. Please also refer to the claim evidence checklist on page 8 to ensure the correct evidence has been submitted to your relevant claim.

SECTION A (BLOCK CAPITALS PLEASE)

OVERSEAS MEDICAL EXPENSES

We are unable to settle any foreign accounts direct.

(Excess of £50 payable per claim, per person in this section)

Please attach the following original (not photocopied) documents:

- A. A medical report from attending doctor(s)
- B. All relevant receipts and invoices
- C. Booking invoices or tickets

1. Name of patient

Date of birth

2. Please state nature of illness/injury

3. a) Date of illness/injury

b) Place of illness/injury

4. Date and place of hospitalisation (if applicable)

Date

5. Full history of illness/injury

6. Name of attending doctor

Address

Postcode

7. Name of general practitioner in UK

Address

Postcode

8. Was Allianz Global Assistance involved?

Yes

No

Please complete the following table (add a further sheet if necessary)

NATURE OF EXPENSE	NAME & ADDRESS OF DOCTOR, HOSPITAL ETC	AMOUNT
1.		
2.		
3.		
Total sum claimed		£

SECTION B (BLOCK CAPITALS PLEASE)

LOSS OF OR DAMAGE TO PERSONAL BELONGINGS, PERSONAL MONEY, PASSPORT, WINTER SPORTS EQUIPMENT OR BUSINESS MACHINES*

* You can only claim for loss of or damage to business machines if you belong to a group scheme with Worldwide Travel Cover.

(Excess of £50 payable per claim, per person in this section)

Please attach the following original (not photocopied) documents:

- A. Written police report for cases of loss or theft.
- B. Written hotel manager's report for cases of loss, theft or damage in a hotel.
- C. Receipts (Where this is not possible, please provide proof of ownership or purchase).
- D. For the theft or loss of cash, please forward proof of recent withdrawal/purchase, i.e. bank/credit card statements, bureau de change receipt or similar.
- E. Property irregularity report (P.I.R.) if loss, damage or theft occurred in the custody of an airline or other carrier.
- F. Booking invoice or tickets.
- G. For claims for damage, we require a written estimate of repair or confirmation that the article is not repairable from a reputable repairer. We may also require photographic evidence of the damage or require you to send us the damaged articles for examination.

1. Please indicate whether your claim is for loss, damage or theft by ticking the relevant boxes below:

Loss or theft of personal belongings	<input type="checkbox"/>	Loss or theft of passport	<input type="checkbox"/>
Loss or theft of personal money	<input type="checkbox"/>	Loss of use of ski/pass/ski pack	<input type="checkbox"/>
Loss or theft of business machines*	<input type="checkbox"/>	Loss or theft of ski pass	<input type="checkbox"/>
Damage to personal belongings	<input type="checkbox"/>	Loss or theft of ski equipment	<input type="checkbox"/>
Damage to business machines*	<input type="checkbox"/>	Damage to ski equipment	<input type="checkbox"/>

2. Please give date and place of loss/damage/theft

Date

3. Please give full details of the circumstances surrounding the loss/damage/theft

4. To whom was the loss/damage/theft reported?

5. What steps were taken to recover the lost/stolen articles?

Please complete the following table (add a further sheet if necessary)

DESCRIPTION	OWNER OF PROPERTY	ORIGINAL COST (£)	DATE OF PURCHASE
Total sum claimed		£	

SECTION C (BLOCK CAPITALS PLEASE)

DELAYED DEPARTURE (ONLY APPLICABLE IF SHOWN ON YOUR CERTIFICATE OF INSURANCE)

Please attach the following original (not photocopied) documents:

- A. Booking invoices or tickets
- B. Written confirmation of delayed departure from carrier/airline, including length of, and reason for, delay
- C. Any other documents that will help us to assess your claim

1. Please indicate which type of transport you were booked to travel on by ticking the relevant box:

Ship Aircraft Train Coach

2. Please give reason for delay

ORIGINAL TRAVEL TIMES	PLACES	TIME	ACTUAL TRAVEL TIMES	PLACES	TIME
From			From		
To			To		

3. Please give names of others covered by this plan who were delayed in your party

SECTION D (BLOCK CAPITALS PLEASE)

MISSED DEPARTURE

(Excess of £50 payable per claim, per person in this section)

Please attach the following original (not photocopied) documents:

- A. Booking invoices or tickets
- B. Written confirmation of public transport failure, or
- C. Written confirmation of vehicle breakdown (i.e. a report by the breakdown recovery provider)
- D. Any other documents that will help us to assess your claim.

1. Please indicate which type of transport you were booked to travel on by ticking the relevant box:

Ship Aircraft Train Coach

2. Please give reason for missed departure

ORIGINAL TRAVEL TIMES	PLACES	TIME	ACTUAL TRAVEL TIMES	PLACES	TIME
From			From		
To			To		

3. Please give names of others covered by this plan who also missed the departure

SECTION E (BLOCK CAPITALS PLEASE)

CANCELLATION OF YOUR TRIP OR CUTTING IT SHORT

(Excess of £50 payable per claim, per person in this section)

Please attach the following original (not photocopied) documents:

- A. Cancellation
 - i) Cancellation invoice detailing any refund due
 - ii) A medical report from the doctor attending the patient or, where applicable, a death certificate (photocopy acceptable)
- B. Cutting the trip short
 - i) All invoices relating to your trip
 - ii) A medical report from the doctor attending the patient or, where applicable, a death certificate (photocopy acceptable)
 - iii) The booking invoice

1. Please indicate if your claim is for:

Cancellation Cutting trip short

2. Please outline the reason for cancellation/ cutting trip short

a) Date of cancellation/cutting trip short

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

b) Names of others unable to travel or whose trip was cut short, who are covered under this plan (if any)

c) Date you made the booking

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

d) Name and address of tour operators (if applicable)

e) Booked travel dates and destination

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3. If cancellation/cutting trip short was due to illness or injury please give:

a) Name and age of sick/injured person

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b) Nature of illness/injury

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c) Date of illness/injury

D	D	M	M	Y	Y	Y	Y
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4. Please provide us with a breakdown of what you are claiming for under this section (including costs incurred)

Flights/Transport	
Accommodation	
Other	
Total amount claimed for insured members	

SECTION F (BLOCK CAPITALS PLEASE)

PERSONAL ACCIDENT OR PERSONAL LIABILITY

Due to the complex nature of claims under these sections, please give brief details under the relevant section so that we can then send you the appropriate questionnaire, in order to assess your claim fully.

Personal accident
Personal liability

SECTION G (BLOCK CAPITALS PLEASE)

DELAYED BAGGAGE

This benefit is only available on the outward journey.

(Excess of £50 payable per claim, per person in this section)

Please attach the following original (not photocopied) documents:

- A. Booking invoices or tickets
- B. Confirmation of delay from the carrier
- C. Receipts for additional expenditure

1. Please give date of your arrival

D	D	M	M	Y	Y	Y	Y
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2. Please give date of arrival of baggage

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

3. Please list essential items purchased as a direct result of the delay

ITEM	COST	ITEM	COST

SECTION H (BLOCK CAPITALS PLEASE)

REPLACEMENT EMPLOYEE TRAVELLING COSTS*

* You can only claim for replacement employee travelling costs if you belong to a group scheme with Worldwide Travel Cover.

(Excess of £50 payable per claim, per person in this section)

Please attach the following original (not photocopied) documents:

- A. Signed letter from the Group Secretary giving details of the employee being replaced and a brief explanation of why this is happening
- B. Receipts for additional expenditure
- C. Booking invoices or tickets for both parties

NATURE OF EXPENSE	AMOUNT

CLAIM EVIDENCE CHECKLIST

Please take time to go through the following checklist and make sure you have provided the following evidence (originals and not photocopies) that relates to your claim:

Overseas medical expenses

- A. A medical report from attending doctor(s)
- B. All relevant receipts and invoices
- C. Booking invoices or tickets

Loss of or damage to personal belongings, personal money, passport, winter sports equipment or business machines

- A. Written police report for cases of loss or theft
- B. Written hotel manager's report for cases of loss, theft or damage in a hotel
- C. Receipts (Where this is not possible, please provide proof of ownership or purchase)
- D. For the theft or loss of cash, please forward proof of recent withdrawal/purchase, i.e bank/credit card statements, bureau de change receipt or similar
- E. Property irregularity report (P.I.R) if loss, damage or theft occurred in the custody of an airline or other carrier
- F. Booking invoice or tickets
- G. For claims damage, we require a written estimate of repair or confirmation that the article is not repairable from a reputable repairer. We may also require photographic evidence of the damage or require you to send us the damaged articles for examination.

Delayed departure

- A. Booking invoices or tickets
- B. Written confirmation of delayed departure from carrier/airline, including length of, and reason for, delay
- C. Any other documents that will help us to assess your claim

Missed departure

- A. Booking invoices or tickets
- B. Written confirmation of public transport failure, or
- C. Written confirmation of vehicle breakdown (i.e. a report by the breakdown recovery provider)
- D. Any other documents that will help us to assess your claim

CLAIM EVIDENCE CHECKLIST (CONTINUED)

Cancellation of your trip or cutting it short

A. Cancellation

- i) Cancellation invoice detailing any refund due
- ii) A medical report from the doctor attending the patient or, where applicable, a death certificate (photocopy acceptable)

B. Cutting the trip short

- i) All invoices relating to your trip
- ii) A medical report from the doctor attending the patient or, where applicable, a death certificate (photocopy acceptable)
- iii) The booking invoice

Delayed baggage

- A. Booking invoices or tickets
- B. Confirmation of delay from the carrier
- C. Receipts for additional expenditure

Replacement employee travelling costs

- A. Signed letter from the Group Secretary giving details of the employee being replaced and a brief explanation of why this is happening
- B. Receipts for additional expenditure
- C. Booking invoice or tickets for both parties

Once you are confident you have provided the evidence you need, please proceed to read and sign the declaration in part two.

PART TWO - ACCESS TO MEDICAL INFORMATION AND DECLARATION

Before we can assess your claim for overseas medical expenses or for cancelling or cutting short the trip, we may need to get a medical report from a medical practitioner who has cared for you. The Access to Medical Reports Act 1988 gives you certain legal rights. These are:

- we need your agreement before we can apply for a medical report from your medical practitioner. You can refuse, but if you do, we will not be able to assess your claim or provide you with any benefit.
- you can ask to see the report before the medical practitioner sends it to us, or for up to six months afterwards.
- if you tell your medical practitioner that you want to see the report, this may delay the assessment of the claim, and he or she can charge you a reasonable fee to cover his or her costs.
- if you think part of the report is incorrect or misleading when you see it, you can ask to have it changed. If your medical practitioner will not agree to do this, you may attach a statement of your own.

You will not be entitled to see any part of the report which:

- the medical practitioner believes could seriously harm your physical or mental health, or that of others;
- indicates the medical practitioner's intentions in respect of you;
- reveals information about another person, or the identity of someone who has given the medical practitioner information about you (unless that person consents or is a health professional involved in caring for you).

We will write and tell you when we have requested the report. If you have asked to see the report before your medical practitioner sends it to us, you will have 21 days from receipt of our letter to contact your medical practitioner. Once you have seen the report, your medical practitioner needs your agreement to send it to us. If you don't arrange to see the report within 21 days, your medical practitioner will be free to send it to us.

DECLARATION

I declare that to the best of my knowledge and belief, the information given in this claim form, and any supplementary statements forming part of this claim, are full, true and complete.

I consent to VitalityHealth seeking information in connection with this claim from any source they deem necessary and I authorise the giving of such information.

If I need to make a claim for overseas medical expenses or for cancelling or cutting short the trip, I confirm that I have read the explanation of my rights under the Access to Medical Reports Act 1988 shown above. I give consent to VitalityHealth to be provided with medical information in connection with this claim from any medical practitioner who has at any time attended me or any other relevant person. I agree that a copy of this consent is as valid as the original.

Please tick the box if you do want to see the report before it is sent to us

I have been informed of my statutory rights under the Data Protection Act 1998 as explained overleaf and consent to VitalityHealth using the information I have provided for the purposes outlined within the data protection notice. I understand that all correspondence regarding this claim will be addressed to the insured member in respect of company plans.

Please forward the original booking invoice, itinerary or tickets, unless you are claiming for cancellation of a trip. Without this your claim cannot be assessed.

Insured member's signature

Date.

Claimant's signature (where aged 18 and over)

Date.

DATA PROTECTION NOTICE

The following information applies to the member, and if applicable, any person over the age of 16. Please read it carefully as it shows how we will process your personal information.

Information we receive about this claim will become part of the information held by VitalityHealth in accordance with the Data Protection Act 1998.

We will handle this information on a confidential basis and use it to process claims, administer your plan, for underwriting and pricing purposes and to maintain management information for business analysis. We may disclose this information to our agents or service providers for these purposes.

Your information may also be processed by service providers in a country outside the European Economic Area, which may not have the same standards of data protection as in the United Kingdom. We will ensure adequate safeguards are in place, such as EU-approved contract terms and appropriate technical and organisational security measures, to protect your confidentiality.

We may have to give some information about you to those involved in your treatment or care but this will be done confidentially. With your consent we may also disclose information to a representative or intermediary you have chosen. We may be asked to provide other organisations, such as HM Revenue & Customs, with information but we won't supply any information about you to anyone else unless it is a legal requirement, intended to prevent fraud or improper claims or unless we have your authorisation. If your employer has appointed an insurance adviser to act on their behalf we may notify them if a claim has been made, although no medical information will be provided without your consent. You may want to ask your employer whether an insurance adviser has been appointed.

Any correspondence about this claim will be sent to the insured member. We will keep any personal information about you in this correspondence to the minimum we need to process your claim.

We may use your information or give it to others for research, statistical purposes or to improve our services, but we will remove your name and address first.

We will continue to hold information about this claim after it has ended for six years. We will then dispose of your personal information in a responsible way to protect your confidentiality.

Obtaining a copy of the information we hold about you

You may request a copy of the information we hold about you and have any inaccurate data corrected. If you wish to access your personal information please write to the Data Protection Co-ordinator at:

Data Protection Officer
VitalityHealth
Marshall Point, 4 Richmond Gardens
Bournemouth, BH1 1JD

and ask for a "Data Subject Access Form" which should be completed and returned to VitalityHealth along with the fee, currently £10, which is payable to VitalityHealth for accessing this information. When information has been supplied by a medical practitioner, you should be aware that we need their consent before we can supply this to you.

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