

ETI/CIL CLAIM NO.

Here is your Claim Form, as requested. Please complete it fully and return it to ETI Claims Service, 14th Floor, Leon House, 201-241 High Street, Croydon CR9 1ER, England. Tel: +44 (0) 870 2415039 Fax: +44 (0) 870 2415038 E-mail claims@travel-insurance.com (calls may be monitored or recorded)

Hospitals, clinics and doctors should preferably send the Claim Form to a Euro-Center in your area (see www.euro-center.com).

Personal details (required for all claims)

Title _____ National Insurance No. _____	Home address _____
Forename(s) _____	_____
Surname _____	_____ Postcode _____
Date of Birth _____	Telephone No. _____

Policy details (required for all claims)

Policy number	Date of booking	Name of Travel Agent
Company name (if applicable)	Date of travel	Name of Tour Operator
Date of issue	Date of return	Destination

Documents required (originals – not photocopies)

Enclosed

- | | | |
|--|------------------------------|-----------------------------|
| a) Policy Certificate/Schedule and/or tour operator's invoice proving insurance cover. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Medical invoice to support details of injury/illness. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Original travel tickets. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) In case of death, a photocopy of the Death Certificate. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Original invoices for all other expenses you may wish to claim. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) Your E111 Form. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) Any accident report or police report if applicable. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Claim details

Date of onset of illness/accident	Place accident/injury/illness occurred
Full description of illness/accident including nature of injuries _____	

Have you suffered from a related medical condition in the previous 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'Yes' was this condition declared? Yes <input type="checkbox"/> No <input type="checkbox"/>	Your Reference No.
Did you have to extend your trip? Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes', for how long?
Did you contact our 24 hour emergency service? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you hospitalised as a result of the illness/accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes', please provide dates: From: _____ To: _____
Please provide details of the treating doctor and his clinic/hospital address _____	

Particulars of claim

Medical Expenses Schedule (original documents required)

Type of expenses (e.g. doctor's fee, prescription, travel costs)	Name of provider (doctor, hospital etc.)	Amount and currency claimed	Has this been paid by yourself?	If unpaid shall we pay direct to provider

If you have received payment from any other source, please declare from whom and the amount: _____

If you have any other insurance policies, e.g. BUPA, PPP, or other medical/travel policies, please provide all details.

Name of Insurer(s) _____ Policy No. _____

Insurers Address _____ Postcode _____

Please provide us with details of ANY credit cards which YOU hold, e.g. Visa Gold Card or Barclaycard as they may provide travel insurance cover.

Type: _____ Issuer: _____

Cardholder's name: _____ Card No. _____

Did you use this card to pay for all or part of the holiday/trip?

Yes No

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 'ETI' will not accept any liability if any payments are not distributed proportionately to the persons concerned.
- 4) By signing this declaration I subrogate all rights I may have against a third party to ETI or its authorised representatives.
- 5) Where a claim involves a potential refund from the NHS or DSS under a reciprocal health agreement, or from any insurance company or other interested party, I instruct them to remit any such refund to ETI or its authorised representatives such as Claims International Limited and Euro-Center.
- 6) 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.
- 7) I am, by this notice, aware that 'ETI' will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties ETI maintain all data in accordance with the provisions of the Data Protection Act, 1984.

I have read and understand the declarations above

Claimant(s) signature(s)

Date

ETI – Claims Service

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Croydon CR9 1ER, England
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E-mail claims@travel-insurance.com

The Financial Ombudsman Service

South Quay Plaza 2
183 Marsh Wall
London E14 9SR
www.financial-ombudsman.org.uk

The Association of British Insurers

51 Gresham Street
London, EC2V 7HQ
www.abi.org.uk

ETI is licensed by BAFIN (Bundesanstalt für Finanzdienstleistungsaufsicht), www.bafin.de and approved by the Financial Services Authority www.fsa.gov.uk to undertake insurance business in the UK.

ETI is the UK branch of Europäische Reiseversicherung AG, Munich, Germany.

ETI is registered in England.
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