

NON-MEDICAL OPTIONS

Theft/burglary/robbery/fire, Personal liability, Security and legal aid, Hospital daily benefit, Flight delay, Personal accident

Claims regarding Registered baggage please see other claim form

Mac users should open the claim form in Adobe Reader in order to get the full functionality.

Personal data of policyholder

First name(s)																Sex (M/F)	
Family name(s)																	
Date of birth (day/month/year)				Policy number				-									
Address																	
City											Postal Code						
State																	
Country																	
Telephone																	
Mobile phone																	
Fax																	
E-mail																	

Information about the trip

Purpose of the trip Leisure Business Combined

Travel destination

Date of departure (day/month/year) Scheduled date of return (day/month/year)

Please enclose a copy of the travel documentation including departure date from country of permanent residence

Travel Period

From (date/month/year) **To** (date/month/year)

Information regarding the claim

The claim relates to Theft/burglary/robbery/fire Personal liability Security and legal aid
 Hospital daily benefit Flight delay Personal accident

Where and when did the incident occur?

Place

Date (day/month/year) Time

Description of the course of the event

Witnesses

Name and address of witnesses who can confirm the course of the event

Name																	
Address																	
Telephone																	

Name																	
Address																	
Telephone																	

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Fire / Theft / Burglary / Robbery

In case of fire, theft, robbery or burglary **please attach a police report, invoices stating age and value of items.**

Flight delay

For delays of more than 5 hours due to flight delay, cancellation or overbooking of the scheduled flight, **please attach a copy of:**

- 1) Confirmation from the airline company as to the cause of the delay and documentation for amount compensated
- 2) Receipts for local transportation, meals and/or accomodation

Security and legal aid

Please attach a copy of the bail notification and/or the court summons and/or the travel expenses to attend the court hearing

Daily hospital benefit

Please attach a copy of the hospital record showing the duration of your admittance.

Personal accident

Please attach a copy of the full medical documentation relating to the accident.

Medical information

Please note that in order to process your claim **we must receive copies of the medical statement/journal** from the treating doctor and/or hospital

Other insurance

Do you have another insurance with Bupa Insurance limited? Yes No

If yes, please indicate policy number

Do you have medical insurance cover with another insurance company or with a credit card provider? Yes No

Name of insurance Company or credit card provider

Address

City Postal Code

Country

Policy number or credit card number

Has the claim been reported under other cover? Yes No

If no, please state why:

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Payment method

The amount should be reimbursed to: Policyholder Other

Name

Address Postal Code

City

State

Country

*If no choice of reimbursement method has been made, ihi Bupa will send a cheque.
Your choice of reimbursement method cannot be changed after the claim has been processed.*

The amount should be reimbursed in the following currency USD CHF EUR GBP

Please transfer reimbursement to the following credit card

Eurocard / Mastercard Visa JCB

Name of credit card holder

Card no.

Expiry date (month/year)

Please transfer reimbursement to the following account

Name of bank

Address

BIC / S.W.I.F.T. Code / ABA number

IBAN

Account no.

Account holder

Please send a cheque to the following address if different from page 1

Payee

Address Postal Code

City

State

Country

Page 4 - Submit by email

Please submit this claim form along with the attached documentation to: traveleclaim@ihi.com

If you prefer post, please print the form and send it along with the attached documentation to the address below