



c/o Abco Kovex Building  
Swords Business Park  
Swords  
Co. Dublin  
Tel: 0818 286878  
0845 601 6556(NI/UK)

**TRAVEL INSURANCE CLAIM FORM**

**WEB CLAIM**

**Personal Details – to be completed for all claims**

Title	First Name	Surname	Date of Birth	Occupation

Daytime Contact Telephone No:

Address of person to whom all correspondence should be sent :

Address:

Email Address:

Name of person to whom any claim payments should be made:

**Policy Details**

Schedule Number:

Policy Type:

Annual / Short Stay

Issue Date of Policy

Excess Waiver Paid

YES / NO

**Trip Details**

Date of Booking		Country Visited
Planned Departure Date	Resort / Town Visited	
Planned Return Date	Travel Agent Name	
Total No of Days	Travel Agent Phone No	

**Previous Claims**

**Have any of the claimants previously made a claim under any travel insurance policy? Yes / No**

If "YES" please give details below:

Insurance Co	Date of Claim	Amount of Claim	Type of Claim

**Claimant Declaration**

The information I/We have given is true. If any of the information I/We have given or any of the information given on my/our behalf is incorrect, I/We understand that you will be able to take away my/our rights under this policy.

I/We understand and give explicit consent that the information I/We provide, including any sensitive information such as my/our health records, will be passed to or used by Travel Claims International/your insurers for my/our insurance. I/We understand that Travel Claims International will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties. Travel Claims International maintain all data in accordance with the provisions of the Data Protection Act.

**Policy Holder must sign. A parent or guardian may sign on behalf of children under 16 years of age.**

Name (Please Print)	Signature	Date



### Curtailment / Cutting short a trip

1. Explain briefly why trip was cut short:


2. Actual date on which you returned to Ireland

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3. Total Holiday Cost

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4. If curtailment was due to a person not booked to travel, state name and relationship:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Names of all those curtailment


6. If curtailment was due to an insured person becoming ill / injured abroad, was it authorised by:

24 hour Medical Emergency Service

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Treating Doctor Abroad

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Other (please specify)

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If curtailment was due to an illness, injury or death of a Close Relative or Colleague in Ireland, was it authorised by the 24 hour Medical Emergency Service? YES / NO

7. Did you contact Health Check to disclose your pre-existing medical condition? YES / No

If yes, please attach the endorsement to your claim

8. In the table below, please detail all extra travel and accommodation expenses incurred, and for which you are making a claim:

Date Expense incurred	Description of Expense	Name of Provider i.e. Hospital / Clinic / Transport Provider etc	Non-Euro Currency Amount	Euro Amount	Have you paid for Expense Yes/No

Total Amount Claimed in Euros:

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9. Exchange Rate used to convert non-Euro Currency to Euros:

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**Documents you need to send to Us – Send ORIGINAL DOCUMENTS**

- 1. Original Insurance Certificate.
- 2. Original Booking Invoice / Travel Tickets
- 3.....Any amended travel tickets
- 4. Original receipts for any extra travel and accommodation expenses

**For Curtailment due to non-medical reasons:**

- 1. Burglary, fire, storm or flooding to your home – a letter from the police confirming that the incident occurred.
- 2. Jury Service – Letter from the courts showing the date on which you were made aware that you must attend for jury service or as a witness in court.