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[Empty rectangular box for address or contact information]

IMPORTANT

Please keep a separate note of this claim reference number and quote it whenever you contact us.

[Empty rectangular box for claim reference number]

Date:

[Empty rectangular box for date]

Dear [Empty rectangular box]

All personal information supplied by you will be treated in confidence by Royal & Sun Alliance Insurance Group of companies and will not be disclosed to any third parties except where your consent has been received or where permitted by law.

The Royal & Sun Alliance Insurance Group of companies may pass your personal information to other companies for processing on its behalf. Some of these companies may be based outside Europe in countries which may not have laws to protect your personal information, but in all cases the Group will ensure that it is kept securely and only used for the purposes for which you provided it.

MEDICAL EXPENSES AND CURTAILMENT CLAIM FORM

Thank you for requesting a claim form. Please ensure that you complete it fully and return to us.

Please ensure you sign and date the form on the final page. Failure to do so will delay your claim.

Please check that we have correctly stated your name, initial(s), address and post code and amend if necessary.

The section below details the documents which we need to deal with your claim and some notes which we would ask you to read carefully when completing the form. Thank you.

VERY IMPORTANT Please ensure you enclose the following ORIGINAL (not photocopied) documents (if not already sent).

- a) Your MORE TH>N Travel Schedule (a photocopy is acceptable if you have annual insurance)
b) Medical evidence to support details of illness or injury such as doctor's notes
c) Original travel tickets (ie flight coupon/ferry/coach tickets)
d) In cases of death, a photocopy of the death certificate is required.
e) The holiday booking invoice or other documents issued as evidence of holiday/trip cost and dates.
f) Original receipts for costs incurred.
g) If the claimant was a hospital in-patient, evidence to show admission and discharge dates.
h) If the holiday was curtailed any additional travel tickets (flight coupons/ferry tickets/ rail tickets/taxi costs).
i) If travelled to an EEA country the attached Medical Benefits Form (see notes below).
j) Any accident report form or police report if applicable

CLAIM FORM NOTES

Travellers from the UK, who are eligible, are entitled to free or reduced-cost emergency medical treatment in the other EEA (European Economic Area) countries (which includes the European Union states). In order for us to seek reimbursement of our outlay, please could you provide the nationality and National Insurance number of the patient, where requested.

E-MAIL & TELECLAIMS

If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to e-mail you or telephone you during the course of our normal working hours to discuss your claim and/or request further details.

..... or

16. Was FirstAssist Services Ltd contacted? Yes
No

Reference if known:

.....
.....

If you were admitted to hospital, please advise:

Date admitted:

Date discharged:

Total number of full days as in-patient:

17.

18. If the curtailment was due to death or illness of a close relative in the United Kingdom please advise the name of the person and the relationship to the claimant.

Name:.....Relationship:

		TOTAL			
OFFICE USE ONLY	DATE EX RATE	GROSS £	X/S £ TOTAL £	NET £	

CURTAILMENT ONLY

IMPORTANT

The circumstance leading to the curtailment of your holiday must be supported by independent documentary evidence from the attending medical practitioner or other relevant third party.

Names of all persons curtailing	Total holiday cost per person excluding insurance premium
.....
.....
.....
.....
.....
.....

Date you returned / /

Date you should have returned / /

OFFICE USE ONLY	
Curtailment	
Cost per day	
No. of days lost	FOR OFFICE USE ONLY
Gross £	
Excess total	
Net £	

IMPORTANT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE DECLARATION

Prior to returning the claim form please study the policy wording and read the terms and conditions as they relate to your claim. Please note, neither we nor insurers are responsible for the costs of obtaining documentation in support of the claim. We suggest you keep copies of all documentation for ease of reference.

THE INFORMATION ON THIS FORM WILL BE USED BY YOUR INSURERS TO DEAL WITH ANY CLAIM. YOUR INSURER MAY ALSO PASS NON PERSONAL INFORMATION TO OTHER INSURERS AND ORGANISATIONS INVOLVED IN DEALING WITH ANY CLAIM. INSURERS ALSO SHARE INFORMATION TO PREVENT FRAUD. SHOULD THE CLAIM BE INTENTIONALLY FALSE OR FRAUDULENT IN ANY RESPECT THEN ALL BENEFITS UNDER THE POLICY WILL BE LOST AND THE CLAIMANT WILL BE LIABLE FOR ANY COSTS INCURRED.

DECLARATION. Please tick to confirm you have read and understood each line:

- I / We declare that the information contained within this claim form is true and correct to the best of my / our knowledge and belief. Yes
- I / We have not withheld any information or documentation from insurers within my/our knowledge connected with this claim. Yes
- I / We agree to provide further information or documentation as may be reasonably required. Yes
- I / We assign to insurers all rights of recovery / salvage against any person or organisation and will do whatever else is necessary to secure such rights. Yes

SIGNATURE OF CLAIMANT: DATE: