

# Business Travel Claim Form

**Ref No** (Company use only)

Please complete and return form to:

~~Allianz Insurance plc, 500 Avebury Boulevard, Milton Keynes, MK9 2XX.~~  
Tel: ~~0844 871 0789~~

Please complete the relevant sections. If any are not applicable please add N/A

## Policyholder details (Please insert)

Name  Policy number

Address   
Postcode

Contact tel number.

Claimant's name

Address   
Postcode

Contact tel number.

Tour operator's name and address   
Tel no.

Travel agent's name and address   
Tel no.

Please attach tour operator's final invoice and booking conditions  
Was any other travel insurance arranged? Yes  No

If **Yes** please provide name and address of Insurers and the policy number

**Please complete the following sections as appropriate, plus the declaration on the last page**

## Loss of Baggage or Money

Date of loss or damage  Time  Place

State in detail, precise circumstances in which loss or damage occurred

Where and to whom was the loss or damage reported (eg. Police, Airline Authority)

Contact name  Phone number

Address   
Postcode

Date  Time  Reference no.

**N.B. If baggage was lost or damaged whilst in the hands of the airline, please attach Property Irregularity Report.**



## Loss of Baggage or Money

*continued*

### Baggage

Description of lost or damaged property

Owner of property

Date purchased

Price paid  
(Attach original receipts)

Net amount claimed after allowing for wear and tear and depreciation

Description of lost or damaged property	Owner of property	Date purchased	Price paid (Attach original receipts)	Net amount claimed after allowing for wear and tear and depreciation

### Personal money

Description, value and currency of money lost or stolen (please specify whether cash, Travellers Cheques etc.)

Amount claimed

Description, value and currency of money lost or stolen (please specify whether cash, Travellers Cheques etc.)	Amount claimed

**VERY IMPORTANT: A copy of original receipts and Police Report or Property Irregularity Report must be attached if claiming for loss of baggage and/or money.**

## Loss of passport

Please provide details of expenses incurred and attach original receipts. Please also explain the events surrounding the loss.

Details of expenses

Amount claimed

Details of expenses	Amount claimed

**VERY IMPORTANT: A copy of original receipts and Police Report or Property Irregularity Report must be attached if claiming for loss of passports.**

## Medical and other expenses

Nature of illness

Duration of illness or the effects of injury From

To

Briefly describe the illness or how the injury occurred

**N.B. Please also complete the medical information section on the last page of this claim form.**

Has an EHIC been obtained before departure?

Yes  No

(If **Yes** please provide original form.)

Details and nature of medical and other expenses incurred (attach original receipts)

Amount claimed

Details and nature of medical and other expenses incurred (attach original receipts)	Amount claimed

## Overseas hospitalisation

Were you admitted to hospital as an in-patient as a result of an accident or illness?

Yes  No

Nature of illness or Injury

Date and time admitted

am/pm

Date and time discharged

am/pm

You should enclose an original letter from the hospital confirming the dates of admittance and discharge

## Cancellation, curtailment, delay, missed departure

Date trip booked  Please attach original booking invoice and conditions

Date and time of scheduled departure  am/pm

Date and time of cancellation or curtailment  am/pm

Reason for cancellation or curtailment (attached original cancellation invoice if applicable)

**N.B. If caused by death, injury or illness, please also complete the Medical Information Section on the last page of this claim form.**

If the sick/injured person is someone other than the Claimant, please advise his/her name and address and the relationship to the Claimant

Name  Relationship

Address  Postcode

Are any charges recoverable? Yes  No

If 'yes' please give details and advise what steps have been taken to recover such sums

Amount(s) claimed (attach original receipts)

### Travel Delay

Length of delay  Cause of delay

Documentary evidence must be supplied by the Travel Agent/provider of travel service confirming length and cause of delay.

### Missed departure

Please provide details of expenses incurred and attach original receipts

Details of expenses	Amount claimed
<input type="text"/>	<input type="text"/>

We will also require written confirmation, of the failure of the transport service, from the carrier involved

## Personal accident

Date  Time  Location

Give full description of the circumstances and details of the injury

## Medical information

Name and address of doctor giving initial treatment in respect of the illness or injury

Has the person concerned ever suffered from this type of illness before? Yes  No

If 'yes', please give details

Name and address of usual doctor

How long has this doctor been your usual medical attendant?

Has he/she been consulted in respect of this illness or injury? Yes  No

If 'yes', when and why was he/she last consulted by the person concerned?

## Access to Medical Reports Act 1988

Under the terms of this Act, you have the following rights:

- To see any report your doctor is asked to provide for your Insurer before it is released.
- To have access to a medical report which has been supplied in the previous six months.
- To ask your doctor if he/she will amend any part of the report which you consider to be incorrect or misleading. If the doctor is not in agreement, you may append your comments.
- To withhold your consent, however, we may not be able to proceed in the absence of medical information.
- Your doctor can withhold from you the report, or part of it, if he/she thinks you would be harmed by seeing it. When asking your doctor to complete the medical report overleaf, please advise him/her how you wish to proceed.

## Consent to obtain Medical Report

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, as explained above and in connection with my insurance claim I hereby consent to Allianz Insurance plc seeking medical information from any doctor who at any time has attended to me concerning anything which affects my physical or mental health and I agree that a copy of this consent shall have the validity of the original.

I wish to see the report before it is sent to the Company Yes  No  Delete as applicable

Doctor's name

Doctor's address

Insured Persons signature

Date

### Important – Please read the following carefully before signing

#### Data Protection Act

We may use the personal and business details you give us, or which are supplied by third parties, to consider your claim, search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we may consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EEA. They will at all times be held securely and handled with the upmost care in accordance with all principles of English law. We will store personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

Telephone calls may be recorded for our mutual protection, training and monitoring purposes.

#### VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, **you must disclose it.**

**FAILURE TO DO THIS MAY RESULT IN YOUR POLICY BECOMING INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.**

**Signature** (required for all claims)

I declare the foregoing particulars to be correct to the best of my knowledge and belief.

Claimants signature

Date

Insured's signature

Date

Position