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TRAVEL CLAIM FORM

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| **Pease send Completed Claim Form and Documentation to:**RSA Accident & Health ClaimsAlexander Bain House15 York StreetGlasgowG2 8LA Email: Glasgow.accidentandhealthclaims@uk.rsagroup.com  |  | **Reference Number:** |
|  |
| **Date:** |
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| **Medical Expense Claims**Please indicate the nature of the injury/illness together with details of the period of disablement and provide the name and address of the Doctor attending together with Medical Certificates in support of your claim |
| **Cancellation/Curtailment/Change of Itinerary and/or Travel Delay Claims**Please give reason for claiming, name and address of your travel agent and a full breakdown of the amount claimed. Medical Certificates should be provided in all cases of injury/illness.For claims relating to the delay of a ship or aircraft, written confirmation should be obtained from the carrier of the period of delay and the reason for it. |
| **INSURED** |
| **Name:**  |  | **Policy Number:**  |
| **Business Address:** |  | **Business Description/Employing Division:** |
|  **Postcode:** |  |  |
| **INSURED PERSON** |
| **Name:**  |  | **Date of Birth:**  |
| **Address:** (Home or Business may be used for any written correspondence) |  | **Relationship & Occupation to the Insured:**(e.g. Director/Employee/Other, if other please provide details) |
| **Postcode:****University Staff/Student ID Number:** |  |

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| **PURPOSE OF TRAVEL** |
| Please tick whether the journey was for business or pleasure: **Business**  **Pleasure** |
| **Duration of Trip**  |  |  |
| **From:** / /  |  | **To:** / /  |
| **The Date of the Trip Booked:** |  |  / / |
| Under which section(s) do you wish to claim? (Please tick as appropriate) |
| 1. Medical Expenses
2. Personal Money
3. Cancellation
4. Personal Liability
 |  | 1. Baggage – Business Items
2. Baggage – Personal Items
3. Evacuation
4. Other: please specify
 |
| **Please Specify:** |
|  |
|  |
| **INCIDENT DETAILS** |
|  |  |  |
| **Date:**  |  | **Time:** |
| **Country of Incident:** |  | **Country of Residence:** |
|  |  |  |
| **Description of Circumstances: (continue on a separate sheet if necessary)** |
| **(Please refer to Page 5 for further guidance regarding proof of Loss)** |

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| **DETAILS OF CLAIM** |  |  |
| **BAGGAGE**  |  |  |
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| **Items lost or damaged****(Continue on a separate list if necessary)** | **Original Date of Purchase** | **Cost in £****(or indicate other currency)** | **Amount Claimed in £****(or indicate other currency)** | **Receipt Attached Y or N** |
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|  |  |  | **TOTAL** |  |
| Receipts attached: if replacement receipts please mark accordingly on receipt for our reference and advise if you require the receipt to be returned to you. (**Please refer to Page 5 for further guidance regarding proof of Loss)**Where receipts not attached; will you be able to submit receipts later All later (original or replacement) Some later (original or replacement)  No, because  |
|  |  |  |
|  |  |  |
| Were Police/local authorities/airline contacted? |  **Yes**  **No**  |
|  |  |  |
| If Yes, please provide the Crime Reference Number and/or copy of the property irregularity report. |
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| If No, please provide reasons incident not reported |
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**MONEY**

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| **Location of Loss:** |  | **Total Amount Claimed in £ Sterling:** |
|  |  | **£** |
|  |
| **Was the Money lost in Cash:**  |  **Yes No** |
| **Money Supporting Documents** (e.g. bank statements showing withdrawals, or currency exchange receipts)\* |
|  **Attached:** |  **To be submitted as soon as practicable** |
|  **No, because:** |
|  |
| **Has the loss been reported to the police?** |  **Yes No** |
| If yes, please state the time, date and police station: |
|  |
| If available, has the police report been attached? |  **Yes No** |
| Was the money solely for payment of accommodation, meals or travelling costs? |  **Yes No** |

**CANCELLATION, CURTAILMENT & CHANGE OF ITINERARY**Can you provide details of expenditure incurred together with supporting documentation/invoices/receipts for the total amount claimed? (**Please refer to Page 5 for further guidance regarding proof of Loss)**

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| **Total Amount Claimed £** (or indicate currency) |  | **Supporting documentation / invoices / receipts?** |
|  |  |  **Yes To be submitted**  |
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|  **No, because:** |

**CANCELLATION CONTINUED**

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| Is the person who fell ill or was injured covered under any other policy for the cost of private medical treatment? |  |  **Yes No** |
| Do you hold a European Health Insurance Card? |  |  **Yes No** |
| Were you travelling against medical advice? |  |  **Yes No** |
| Have you contacted the emergency Medical Assistance Company? |  |  **Yes No** |
| If yes, please provide their reference number: |  |  |
| If no, please provide the name and address of the Doctor/Hospital who provided treatment: |
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| **Money** | * Supporting documentation in the form of withdrawal receipts, credit/debit card statements detailing the withdrawal, exchange receipts issued by Bureau de Change
* If the claim is in respect of fraudulent use of a credit card a copy of the Terms and Conditions of the credit card use should be provided together with statements detailing the fraudulent transactions
* Details from the credit card company as to the date and time that a stop was placed on the credit card
* Police reports
* In the case of Travellers Cheques please confirm that they have been stopped or if not why, the issuing banks details and the cheque numbers.
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| **Baggage** | * Documentation in support of the amount claimed this should be in the form of either original receipts, credit/debit card statements detailing the original purchase or operating manuals for cameras and electronic devices
* Where an item has been damaged a repair estimate should be provided if the item is beyond economical repair confirmation should be forwarded from the repairer and a replacement estimate/invoice provided
* Should a claim be for a lost mobile phone we will require written confirmation from the mobile phone provider confirming when the loss was reported to them and when the SIM was blocked. We will also ask for confirmation of any costs to replace through the same provider.
* If the items were lost, damaged or stolen whilst under the care of the Airline a Property Irregularity Report (PIR) form, tickets and baggage tags will be needed
* For delayed luggage claims, we require receipts for all emergency items purchased together with confirmation from the Airline detailing the duration and cause of the delay
* Confirmation that a recovery has not been made from the Airline or any other insurer or if it has value of the same
* Confirmation that the lost passport has been reported to the consular representative of the relevant issuing country within 24 hours of discovery
* Receipts in support of the additional cost of travel and accommodation incurred in obtaining a replacement passport
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 **PROFF OF LOSS**

**PAYEE DETAILS – Should your claim be accepted**

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| If you have incurred costs which are to be reimbursed were any of the costs incurred on a Company Credit card? |  |  **Yes No** |
|  If yes, please provide Cost Centre |  |  |

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| **Name of the Account Holder:** |  | **Name of Bank:** |
|  |  |  |
| **Full Postal Address of Bank:** |
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| **IBAN Number (Europe Only) / Account No:** |  |  |
| **SWIFT or BIC code / Sort Code (UK):** |  |  |

**DECLARATION**
I declare that the statements on this form and the information provided in addition are true and complete to the best of my knowledge and belief

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| **Signed:** |  | **Date:** |
|  |  |  |

Royal & Sun Alliance Insurance plc (No. 93792).
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