

Business Travel Claim Form

Allianz Insurance plc | Commercial



Please, complete and return this form to:

A&H Claims Unit, Allianz Insurance plc., PO Box 5525, Milton Keynes, MK9 2XR.

tel: 0845 071 0335

Ref No (Company use only)

Policyholder Details (Please insert)

Name Policy Number

Address Postcode

Age Occupation

Tel. No Home Tel. No Work

Claimant's Name

Address Postcode

Age Occupation

Tel. No Home Tel. No Work

Tour Operator 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 is 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 Net Paid (Attach original receipts)	Net Amount claimed after allowing for wear and tear and depreciation
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Personal Money

Description, Value and Currency of Money Lost or stolen (please specify whether Cash, Travellers Cheques etc.)	Amount Claimed
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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
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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
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Overseas Hospitalisation

Where you admitted to Hospital as 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. But 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 overleaf 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 have given us or which are supplied by third parties, including any details of your directors, officers, partners and employees whose consent you must obtain to allow us to provide you with a quotation; deal with your policy; to search credit reference agencies who may keep a record of the search; to share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud; to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews which may be carried out by third parties acting on our behalf. We may need to collect data relating to Insured Persons, which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk or administering claims which may occur. By signing this form you consent to such information being processed by us. You must also ensure that you make this fact known to the Insured Persons and obtain their explicit prior consent to pass this information to us for these purposes. We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you by telephone, email or post of products and services which we think may be of interest to you. If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB to let us know. Your details will not be kept for longer than is necessary. Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager at the address above. Personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

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 and correct** 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 one that is likely to influence our consideration of cover under the terms 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 MEAN THAT YOUR POLICY BECOMES 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.

Insured Persons Signature Date

Insured's Signature Date

Position