

# Bupa travel insurance.

## Medical expenses and cutting short your trip claim form.



Thank you for requesting a claim form. Please ensure that you complete it fully and return it to us within 28 days of the end of your trip or as soon as reasonably possible thereafter. Page 6 of this claim form includes a declaration which you are required to read and date. Failure to do so may cause delays in the processing of your claim. Please check that all your details are correct and amend if necessary.

### Before you begin

**Please complete this form using BLOCK CAPITALS and BLACK INK.**

Failure to fully complete the form may cause delays in processing your claim.

Please send completed claim forms with supporting documentation to: **Bupa Place, 102 The Quays, Salford M50 3SP, United Kingdom** or by email to **btravclaims@bupa.com**

If you have any questions, please contact our customer service team by telephone: **+44 (0)1134 950 962\*** or by email: **btravclaims@bupa.com**. Please be aware that information you send to this email address may not be secure unless you send us your email through Egress†.

\*The customer service helpline is open 8.30am to 6pm Monday to Friday and 9am to 1pm Saturdays. We are closed public holidays. We may record or monitor our calls. For those with hearing or speech difficulties who use the Relay UK smartphone app or textphone, use the prefix **18001** followed by the number above.

†For more information and to sign up for a free Egress account, go to <https://switch.egress.com>. You will not be charged for sending secure emails to a Bupa email address using the Egress service.

## Claim reference number

**Important: Please keep a separate note of this claim reference number and quote it whenever you contact us. If you downloaded this form from our website, a claim reference number will be allocated when your claim form is received by us.**

Claim reference number

Date

D	D	M	M	Y	Y	Y	Y
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## Supporting documentation required

**Please ensure you enclose the following documents, if not already sent, as relevant to your claim.**

1. Evidence of the trip, such as the holiday booking invoice or original travel tickets. Please note this documentation should also demonstrate that your travel was from and back to your country of residence.
2. Medical reports or discharge letters confirming the illness or injury and where admitted as an in-patient confirmation of the dates that you were admitted to hospital.
3. Relevant certificates from a Medical Practitioner.
4. In the case of a death, a certified copy of the death certificate.
5. All receipts to support claims for additional travel, accommodation or communication costs incurred by you and anyone with you during your illness, accidental bodily injury or death.
6. If your holiday was cut short, please provide your unused travel tickets, any ticket receipts and any other supporting documents that can reasonably be expected to support your claim such as evidence that any authorised leave was cancelled or a police report.

### Contacting you in relation to your claim

If you have no objection, in an effort to promote speedier and more customer friendly claims handling, we may find it easier to telephone and/or email you during the course of our normal working hours to discuss your claim and/or request further details. If you do not wish to be contacted by either of these methods then please tick here .

## Your personal details

To see how we use your information, please read our privacy notice on page 7.

Title (please tick or list title if other) Mr  Mrs  Miss  Ms  Other

First name(s) Surname

Address

Postcode

Country

Daytime telephone number

Mobile telephone number

Email address

Date of birth

Occupation

Your policy number

## Trip details

Please tell us about the details of the trip here.

The country(ies) visited/intended to visit

For business schemes, please advise us of the following details.

The company name

Name of the employee

Occupation

Relationship to claimant (if different)

The period of your trip giving total number of days.

From         To

Total number of days

Date on which your trip was first booked

Purpose of trip (please tick as appropriate) Business  Leisure

Was your trip cut short or extended? (please tick) Cut short  Extended

Date cut short         Number of days unused

Date extended         Number of days extended

Method of transport (please provide travel tickets)

# Injury/illness details

Please tell us about the details of the injury or illness here.

Please tell us the date, place/resort and country in which the injury was sustained or the illness contracted.

Date

Place/resort  Country

Please advise the nature of the injury or illness and the circumstances in which it arose, including symptoms. If the claim is for cutting your trip short, please provide full details of the reason for cutting short the trip and documentary evidence.

Are the medical expenses required as the result of an accident? Yes  No

If YES, please complete this section.

Date of incident

Brief details of incident

Do you consider anyone responsible for your incident? Yes  No

If YES, please give details of the party involved.

Was treatment being given for the illness/injury or any other medical condition prior to the trip? Yes  No

If YES, please advise on the treatment given.

Was Bupa Travel Assistance contacted? Yes  No

If YES, please provide details of what assistance was provided.

Were you admitted to hospital? Yes  No

If YES, please complete this section.

Name of hospital

Date admitted  Date discharged

Total number of full days as an in-patient

Was the trip cut short due to a bereavement? Yes  No

If YES, please tell us the name of the person and the relationship to you.

Name  Relationship



## Cutting short your trip

Please give details of all persons covered under the policy cutting short their trip.  
**Important: The circumstances leading to the trip being cut short must be supported by independent documentary evidence from the attending medical practitioner or other relevant third party.**

Name	Date of birth	Total holiday cost per person (Please state currency of payment)
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Date you/they returned

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Date you/they should have returned

## Payment method

You can choose to receive payment for your claim either via Bank Transfer (UK Banks only) or cheque. Payment can only be made to the insured person, we cannot pay third parties directly. Please select your preferred payment method below.  
**Important: Bupa are not responsible for clearance fees, currency exchange fees, or time taken to process payments.**

Bank Transfer (UK Banks only)  Cheque (issued in Pounds Sterling)

If payment by cheque requested, please confirm the name of the payee.

Name

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If payment by Bank Transfer, please complete the details below.

Account holder's name

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Bank/building society name

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Bank/building society address

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Postcode

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Sort code    -    -

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Account number

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# Declaration

To see how we use your information, please read our privacy notice on page 7.

**Please read the following carefully.**

Prior to returning the claim form please study the policy wording and read the conditions, exclusions, and policy section that relates to your claim.

Please note that Bupa is not responsible for the costs of obtaining documentation in support of the claim.

The information on this form will be used by us to deal with any claim. We may also pass this to any other insurers and organisations involved in dealing with any claim. In order to detect, prevent and help with the prosecution of financial crime, we may share information with fraud prevention or law enforcement agencies, and other organisations. If another person or organisation administers or funds your Bupa services, we may inform them if we suspect fraudulent activity.

**Declaration**

I/We declare that the information contained within this claim is true and correct to the best of my/our knowledge and belief.

I/We have not withheld any information within my/our knowledge connected with this claim.

I/We agree to provide any further information or documentation as may be reasonably required.

I/We give to Bupa all rights of recovery/salvage of any person or organisation and will do whatever else is necessary to secure such rights.

I/We confirm that, where I have claimed on behalf of any other person, I have checked with them that their information is correct and I have their express agreement to submit this form on their behalf (or I am their legal representative).

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**Submission of this claim is validation that the content is true and accurate.**

Date

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## Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at [bupa.co.uk/privacy](https://bupa.co.uk/privacy). If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at [dataprotection@bupa.com](mailto:dataprotection@bupa.com)

### Information about us

In this privacy notice, references to 'we', 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit [bupa.co.uk/legal-notice](https://bupa.co.uk/legal-notice)

#### 1. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, email, website, phone, app and so on).

#### 2. How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, health-care providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

#### 3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

#### 4. Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

#### 5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text.

We only use your personal information to send you marketing if we have either your permission or a legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at [optmeout@bupa.com](mailto:optmeout@bupa.com) or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**

#### 6. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

#### 7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

#### 8. Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the European Economic Area (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

#### 9. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

#### 10. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

#### 11. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at [dataprotection@bupa.com](mailto:dataprotection@bupa.com). You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate).