



# Trip cancellation or amendment claim form

Please send completed claim forms with supporting documentation to: **Bupa Travel Claims, Willow House, Pine Trees, Chertsey Lane, Staines, Middlesex TW18 3DZ United Kingdom**

If you have any questions, please contact our customer service team by telephone: **+44 (0)1134 950 962\*** or by email: **btravcustserv@bupa.com†**

Claim reference

Date

### 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).

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.

## 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.

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2. Evidence of cancellation or amendment charges, either:
  - a) for all inclusive tours (package holidays) organised by a tour operator you must attach the tour operator's cancellation or amendment invoice showing charges levied and any refund made, or
  - b) for independently booked trips you must submit the unused travel tickets (or vouchers) together with official confirmation of the cancellation or amendment charges levied and any refunds made from the airline/ferry company/coach company/hotel.

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3. **Claims related to cancellation or amendment due to medical reasons**  
If the cancellation or amendment is due to medical reasons, please ensure the medical certificate on this claim form is fully completed by the claimant's doctor. Failure to have the medical certificate completed will delay the processing of your claim.

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4. **Claims due to bereavement**  
In the event of cancellation or amendment due to bereavement, please provide a certified copy of the death certificate.

### 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.

\*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.

†Please be aware information submitted to us via email is normally unsecure and may be copied, read or altered by others before it reaches us.

**Please fully complete this form using BLOCK CAPITALS**

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

## Your personal details

To see how we use your information, please read our privacy notice on page 6.

1. Claimant's title Mr/Mrs/Miss/Ms/Dr/Other (please circle)

Forenames

Surname

2. Address

Postcode

Country

3. Daytime contact number

Mobile number

Email

4. Occupation

Date of birth

D	D	M	M	Y	Y	Y	Y
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5. The country(ies) visited/intended to visit

6. a) Your policy number

b) For business schemes, please advise us of the following:

The company name

Name of the employee

Occupation

Relationship to claimant (if different)

7. The period of your planned trip giving total number of days

From

To

Total number of days

8. The period of your amended trip giving total number of days

From

To

Total number of days

9. The date on which your planned trip was first booked

D	D	M	M	Y	Y	Y	Y
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Purpose of trip (Please tick as appropriate)

Business

Leisure

10. a) The date on which you were advised to cancel/amend

D	D	M	M	Y	Y	Y	Y
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b) The date on which you gave the cancellation/amendment instruction

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

c) How you gave the cancellation/amendment instruction:

Verbally

Written (including fax and email

d) If the dates provided in 9(a) and 9(b) differ, please explain reason

## Your personal details (continued)

11. Please describe the exact circumstances which have caused you to cancel/amend the trip. Please continue on a separate sheet if necessary. If the reason for cancellation/amendment is not of a medical nature we will require original documentary evidence to support the claim.

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12. Please list all persons cancelling/amending their trip who are covered under the policy. Please include their relationship to the person named on the medical certificate.

Name	Relationship	Date of birth
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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13. Was the person on the medical certificate due to travel on this trip? Yes  No

14. Is this claim a result of an incident? If you have answered yes, please complete this section. Yes  No

Date of incident

Time

Brief details of incident

# Medical certificate

**The following medical certificate must be completed and stamped (official stamp) by the patient's usual GP or attending specialist in the event of a claim due to medical reasons.**

Dear medical practitioner,

To avoid delay and unnecessary correspondence please complete this certificate in block capitals, answering each question as fully as possible. **Any fee for completing this certificate is the responsibility of the patient/claimant.**

Name of person to whom these details apply

Date of birth of patient

D	D	M	M	Y	Y	Y	Y
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When did the patient first consult you with regard to this condition and please give date and time of diagnosis?

Date first consulted

D	D	M	M	Y	Y	Y	Y
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Date and time of diagnosis

D	D	M	M	Y	Y	Y	Y
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 Time

Please state exact nature of the illness/injury which made cancellation/amendment of the original trip medically necessary.

Has the patient received a terminal prognosis?

Yes  No

If yes, please provide date that terminal prognosis was given

D	D	M	M	Y	Y	Y	Y
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Please provide details of any previous medical history relevant to the condition detailed above. Please include the original date of diagnosis and confirm the treatment/medication given and the date received (continue on a separate sheet if required).

If cancellation/amendment has occurred due to a pregnancy related condition, please describe the condition and why the pregnancy necessitates cancellation/amendment.

Date pregnancy confirmed

D	D	M	M	Y	Y	Y	Y
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Expected delivery date

D	D	M	M	Y	Y	Y	Y
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Were you aware of the trip plans when you were first consulted?

Yes  No

Please confirm the date that cancellation/amendment could have been reasonably anticipated

D	D	M	M	Y	Y	Y	Y
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On the date the trip was booked, was the patient on a hospital waiting list for treatment for the condition which caused cancellation/amendment? Please refer to question 8 on page 2 for date on which the trip was booked.

Yes  No

If the patient was due to travel on the aforementioned trip, was the patient fit to travel on the date the trip was booked? Please refer question 8 on page 2 for date on which the trip was booked.

Yes  No

If the patient was not due to travel on the aforementioned trip, what was the patient's state of health on the date the trip was booked? Please refer to question 8 on page 2 for date on which the trip was booked.

**I certify that the only reason for cancellation/amendment was due to the medical reasons stated above.**

Name (print)

Signature

Qualifications

Date

D	D	M	M	Y	Y	Y	Y
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Length of time you have known the patient

years

Name and practice address (official stamp)

## Additional information

Do you have any other insurance which may cover the amounts claimed?

Yes  No

If yes, please supply details of the policy(ies)

Was a credit card used to pay all or part of the trip cost?

Yes  No

If yes, please supply the following information:

Type of card

Cardholder's name

Name of card issuer (if different)

Last 4 digits of your credit card number (For data security we don't need the full number.)

### Please detail the amount of the claim below

**Independent arrangements** (Please state currency of payment)

Ticket cost

Accommodation cost/or other

Amount refunded

Amount refunded

Nett claim

Nett claim

**Total amount claimed**

**Package trips only** (Please state currency of payment)

Deposits paid

Deduct refund received

Balance paid

Total

**Total amount claimed**

## 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. Please select your preferred payment method below:

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

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

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

Account Holder's Name

Bank Account Number

Bank Name

Bank Sort Code

-   -

Bank Address

**Important** Bupa are not responsible for clearance fees, currency exchange fees, or time taken to process payments.

# Declaration

## 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).

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

Date

## 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 and protect it. It also provides information about your rights. Further details can be found 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 of the Full Privacy Notice, please contact the Bupa Privacy team on **+44 (0) 1784 893706**. Alternatively you can email the team at [dataprotection@bupa.com](mailto:dataprotection@bupa.com) or 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 Bupa

In this privacy notice, references to 'we' or 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is comprised 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-notices](https://bupa.co.uk/legal-notices)

### Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services ('you', 'your'), via any channel (eg email, website, telephone, app etc).

### Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (eg those acting on your behalf, like brokers, healthcare providers etc). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

### Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (eg information we use to contact you, identify you or manage our relationship with you); and special categories of information (eg health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

### Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our Full Privacy Notice, including to administer our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and in order to protect the rights, property, or safety of Bupa, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third parties' legitimate interests or it is required or permitted by applicable law.

### Marketing and preferences

We may use your personal information to send you marketing by post, telephone, social media platforms, email and text. We only use your personal information to send you marketing if we have either your consent or a legitimate interest. If you don't want to receive personalised marketing about similar Bupa 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**.

### 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 be of interest (including discounts on our products and services). This may involve evaluating information about you and, in some 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. Further details are available in our Full Privacy Notice.

### Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders commissioning services on your behalf, those acting on your behalf (eg brokers and other intermediaries) and with others who help us provide services to you (eg healthcare providers) or from whom we need information to handle or verify claims or entitlements (eg professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our Full Privacy Notice.

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

Bupa deals with many international organisations and uses global information systems. As a result, Bupa transfers your personal information to countries outside of the European Economic Area ('EEA'), (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

### How long we retain your personal information

Bupa retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed in the Full Privacy Notice available on our website.

### Your rights

You have rights to have access to your information and to ask us to rectify, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw consent to the use of your information and not to be subject to automated decision-making which produce legal effects concerning you or similarly significantly affects you.

### Data Protection Contacts

If you have any questions, comments, complaints or suggestions in relation to 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 also have a right to make a complaint to your local privacy supervisory authority. Bupa's main establishment 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. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

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Arranged and administered by:

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