



Medical expenses and cutting short your trip 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.
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, meals, communication or laundry 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.

*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 trip giving total number of days

From

To

Total number of days

8. The date on which your 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

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

D	D	M	M	Y	Y	Y	Y
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 Place

Country

10. 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.

Your personal details (continued)

11. Are the medical expenses required as the result of an accident?
If you have answered yes, please complete this section. Yes No

Date of incident

Brief details of incident

- Do you consider anyone responsible for your incident?
If yes, please give details of the party involved Yes No

12. Please advise whether treatment was being given for the illness/injury or any other medical condition prior to the trip. Yes No

13. Was Bupa Travel Assistance contacted?
If yes, what assistance was provided? Yes No

14. Were you admitted to hospital?
If yes, please advise. Yes No

Name of hospital Date admitted

Total number of full days as an in-patient Date discharged

15. If your trip was cut short due to a bereavement, please advise the name of the person and the relationship to the claimant.

Name

Relationship

16. By what method of transport did you return home?

17. Was your trip cut short extended

Date cut short Number of days unused

Date extended Number of days extended

Method of transport (please provide travel tickets)

18. Are you a member of a private medical health insurance scheme (other than Bupa) such as AXA PPP or other similar organisation? Yes No

If yes, please supply the name of the organisation, address and membership/group number.

Name of organisation

Address

Postcode

Your personal details (continued)

19. Do you have any other insurance which may cover this claim?

Yes No

If yes, please supply details of the policy

Name of insurer

Address

Postcode

Policy number

Medical and related expenses

Important Please attach documents and invoices to support your claim

Nature of expenses including additional travel costs	Name of Provider (doctor, hospital, etc)	Type and amount of currency	Are these bills paid or unpaid (✓)	
			Paid	Unpaid

Total

If necessary, please continue on a separate sheet, using the same format.

Cutting short your 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.

Details of all persons covered under the policy cutting short their trip

Name	Date of Birth	Total holiday cost per person (Please state currency of payment)

Date you/they returned

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:

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. 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 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

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

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 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

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).

Bupa travel insurance is provided by:

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Arranged and administered by:

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