

4: MEDICAL EXPENSES

Country in which injury or illness occurred:

Date of injury or illness: / / Nature of injury or illness:

Cause of injury or illness:

Was EHIC presented? YES NO

Was treatment given in hospital as an in-patient? YES NO

If YES give period of hospitalisation: From: / / To: / /

Was Assistance company contacted , as per policy schedule not booklet YES NO

If YES give date: / / Ref No if known:

If the cause of this claim is illness, has the Insured Person suffered from the illness before?

YES NO

If YES give details:

What is the total amount you are claiming?

5: CANCELLATION CURTAILMENT

A medical certificate should also have been sent to you if your claim is for cancellation. This must be completed by the treating doctor of the person who has given rise to the claim.

Date journey cancelled or curtailed? / /

Why was the journey cancelled or curtailed?

If the journey was curtailed, was medical attention given abroad? YES NO

If YES, please complete the following:

Name of injured or ill person:

Nature of injury or illness:

Cause of injury or illness:

Date injury or illness occurred: / /

Has the person suffered from a similar illness before? YES NO Date: / /

For cancellation claims only

Booking Date: / /

Date Cancelled: / /

Total deposit paid:

Date paid: / /

Total balance paid:

Date Paid: / /

Amount refunded:

Date refunded: / /

Total amount claimed:

In the event of a claim, your personal data may be transferred outside of the EEA. Where this is necessary, your data will be controlled in accordance with the Data Protection Act 1998.

Documents to submit with my travel claim

All claims:	Original Booking Invoice
Medical Expenses:	Receipts for all treatment and any additional costs incurred
Cancellation:	Completed Medical certificate Cancellation invoice(s) from all relevant parties
Curtailment: incurred	Evidence of the reason for curtailment and details of any costs incurred
Personal Possessions: (inc money)	Evidence of ownership Evidence of the withdrawal of money Police report or property irregularity report

If items are damaged then we will require written evidence they are not repairable.

Delay: Evidence of delay from the airline

Payment of claims is made direct into your bank account unless you request otherwise. We will write to you to confirm when the payment has been made, this may be by email.

Please provide your bank details:

Name of account holder:

Bank sort code - -

Bank account number: (your bank account number should contain 8 digits)

Bank Name:

Branch Address:

Branch Postcode:

Please return all the paperwork to us at:

Police Mutual
5th Floor, 20 Chapel Street, Liverpool, L3 9AG

Tel: 0151 242 7648

Fax: 0151 236 1908

groupinsurance@pmas.co.uk

Together with ALL receipts, invoices and other documents e.g. medical report, police/carrier report, death certificate, travel agents and airline letters.