**This claim form must be completed by the traveller as soon as possible and sent to** [**risk@hw.ac.uk**](mailto:risk@hw.ac.uk) **on completion. All claimants should complete sections A, B and G, and additionally whichever section from C-F is relevant to their claim.**

**Important** –All claims for medical treatment must be advised directly to insurers as per the policy information provided in the University travel insurance handbook. All travellers who cancel or curtail travel due to a medical condition must seek medical advice prior to changing travel plans. A medical certificate will be required in all cases.

**Section A: About you**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your name | Click here to enter text. | | | |
| Name of School or Service | Click here to enter text. | | | |
| Home address including postcode | Click here to enter text. | | | |
| Contact telephone number | Click here to enter text. | | | |
| Please provide the dates of travel | Departure date:  Click here to enter a date. | | Return date:  Click here to enter a date. | |
| Purpose of your travel | Click here to enter text. | | | |
| Travel destination (Country and city/town) | Click here to enter text. | | | |
| We may wish to contact you to discuss your claim – how do you wish to be contacted? | | Phone | | Email |

**Section B: Claim Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What are you claiming for? | Cancellation  Curtailment  Travel delay | Missed departure  Baggage claim | | | Medical Costs  Loss/damage to personal effects | |
| What date and time did the incident happen? | | | Click here to enter text. | | | |
| What date and time was the incident discovered? | | | Click here to enter text. | | | |
| Please describe the circumstances leading up to and surrounding the incident, including discovery of the loss or the reason for the claim | | | Click here to enter text. | | | |
| **Please provide a breakdown of costs that you are claiming.**  **Please note that for any loss of money claims you must provide evidence of the withdrawal of any monies to be claimed.** | | | | | | |
| Provide details of the make, model and age of item(s) being claimed | | | | Have you replaced the item? | | Replacement/reimbursement cost (in GBP) |
| Click here to enter text. | | | | Choose an item. | |  |
| Click here to enter text. | | | | Choose an item. | |  |
| Click here to enter text. | | | | Choose an item. | |  |
| Click here to enter text. | | | | Choose an item. | |  |

**Section C: Cancellation or curtailment** – only to be completed if you have had to cancel or curtail your travel – Please provide copies of all receipts and booking information in support of your claim

|  |  |  |
| --- | --- | --- |
| What was the main cause of cancelling or curtailing your travel arrangements? | Click here to enter text. | |
| If for a medical reason, please confirm you contacted Zurich Assist prior to making travel arrangements to return to the UK? | Choose an item. | Please provide your Zurich Assist ref number  Click here to enter text. |
| Date trip booked? | Click here to enter a date. | |
| Date returned home? | Click here to enter a date. | |
| If you have had to cancel a flight or travel arrangements due to a medical condition you are required to provide a medical note/certificate from a Doctor | Choose an item. | |
| If due to illness, when did you first receive a consultation with the Doctor? | Click here to enter a date. | |
| Is the claim a result of an accident? If yes, please provide the date of the accident. | Choose an item. | Click here to enter a date. |
| If you incurred additional expenses as a result of a flight cancellation please explain clearly why the costs were necessary | Choose an item. | Click here to enter text. |
| You are required to provide documentary evidence of all additional expenses. Please include receipts for all expenditure with this form. | Choose an item. | |
| In the event you have had to rearrange a flight, have you contacted the airline or travel partner to attempt to reschedule your flight? | Choose an item. | |
| If no, please provide a copy of the terms and conditions of your booking with the relevant public transport provider or agent. | Click here to enter text. | |
| Provide a copy of the irregularity report from the airline. | Choose an item. | |
| Name of any other travellers included, if relevant? | Click here to enter text. | |
| Have you received any refund? If so, how much? | Choose an item. | Click here to enter a date. |

**Section D: Medical Costs and associated expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date injury sustained | Click here to enter a date. | | | |
| Explain clearly and fully the nature and course of injury or illness, including symptoms and diagnosis. | Click here to enter text. | | | |
| Have you ever suffered from the same or related condition before? (If yes, please provide details) | Choose an item. | | Click here to enter text. | |
| Provide details of what hospital/medical treatment was administered | Date treatment was given.  Click here to enter a date. | | Click here to enter text. | |
| Provide the name and address of the hospital/Doctor | Click here to enter text. | | | |
| Who has paid for the medical costs?  What date were the costs paid?  What is the total claim cost (in local currency)? | Choose an item. | Click here to enter a date. | | Click here to enter text. |
| Provide details of additional accommodation or transport costs. | Click here to enter text. | | | |
| Provide copies of all receipts for medical treatment and other associated expenses | Choose an item. | | | |
| Please attach a copy of a medical certificate/Doctors note to the completed claim form | Choose an item. | | | |
| In the event of sickness or injury affecting a travel companion /partner please provide a medical certificate/ note to verify the reason you were unable to travel. | Choose an item. | | | |
| Has our Zurich Assist Team been notified?  If yes, please provide your Zurich Assist reference number | Choose an item. | | Click here to enter text. | |
| Did you use a European Health Insurance Card (EHIC)?  If yes, please provide your EHIC number | Choose an item. | | Click here to enter text. | |
| Provide details of additional health care requirements where further consultation has taken place at home | Click here to enter text. | | | |
| Provide details of any disablement suffered and the period of incapacity | Click here to enter text. | | | |

**Section E: Delayed and/or damaged baggage**

|  |  |  |
| --- | --- | --- |
| Has the airline provided you with an irregularity report to confirm damage? | Choose an item. | If yes, please attach the report.  Choose an item. |
| **Damaged Baggage** | | |
| How did the damage happen? | Click here to enter text. | |
| Where did the damage happen? | Click here to enter text. | |
| Who caused the damage? | Click here to enter text. | |
| Is there visible damage? | Click here to enter text. | |
| **Delayed Baggage** | | |
| How long was baggage delayed for? | Click here to enter text. | |
| Was baggage delayed on outbound or inbound flight? | Choose an item. | |
| Can you obtain confirmation of delay? | Click here to enter text. | |
| What items have been purchased? (Essential items only) | Click here to enter text. | |
| Have receipts been kept? | Choose an item. | |
| How long was baggage delayed for? | Click here to enter text. | |

**Section F: Loss or theft of personal effects, including money, passport and other documents.**

|  |  |  |
| --- | --- | --- |
| Where did the incident take place? (Name of accommodation/address?) | Click here to enter text. | |
| Who discovered the loss? | Click here to enter text. | |
| Where were you at the time of the incident? | Click here to enter text. | |
| Was the property occupied at the time of the incident? | Choose an item. | If yes, who by?  Click here to enter text. |
| Was there forced entry into the property? | Choose an item. | If yes, please provide description?  Click here to enter text. |
| Was the incident reported to police? If so, please provide the date and time reported. | Choose an item. | Click here to enter text. |
| Do you have a police reference number? If yes, please provide details. | Choose an item. | Click here to enter text. |
| Please provide a copy of your police report. | Choose an item. | |

**Section G: Declaration -** By submitting this completed claim form I declare that all answers are true and correct and that I acknowledge that any inaccurate statements or withholding of information will render my claim void.

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Signature: | Click here to enter text. |
| Job title: | Click here to enter text. |
| Phone number: | Click here to enter text. |
| Email address: | Click here to enter text. |