NON-MEDICAL OPTIONS Theft/burglary/robbery/fire, Personal liability, Security and legal aid, Hospital daily benefit, Flight delay, Personal accident

Claims regarding Registered baggage please see other claim form

Claim Form

Mac users should open the claim form in Adobe Reader in order to get the full functionality.

Personal data of policyholder																											
First name(s)																								Se	X (M	/F)	
Family name(s)																											
Date of birth (day/month/year)										Policy number																	
Address																											
City											Postal Code																
State																											
Country																											
Telephone																											
Mobile phone																											
Fax																											
E-mail																											
Information about the trip																											
Purpose of the trip 🔘 Leisure 🔘 Business 🔘 Combined																											
Travel destinati	on																										
Date of departure (day/month/year)												hedi //mon		dat ar)	e of	retu	ırn										
Please enclose a copy of the travel documentation including departure date from country of permanent residence																											
Travel Period																											
From (date/month/year) To (date/month/year)																											
Information regarding the claim																											
		ing t	he o	lain		oft /I	burg	ปละบ	/rob	bor	v/fir	0	\bigcirc	Po	rson	alli	abili	+\/	$\overline{\bigcirc}$	Sou	curit			gal	aid		
Information re The claim relate		ing t	he o	lain	The			glary aily			y/fir	e	O Flie			ial lia	abili	ty	0				nd le		aid		
	es to			\bigcirc	The Ho	spit		glary aily			y/fir	e O) Flig	Pei ght (abili	ty	0				nd le ccid		aid		
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289E4-56_WTO_ENG_Claim Form_Non Medical Options

Bupa Global Travel • Travel Sales • Palaegade 8 • DK-1261 Copenhagen K • Denmark • Tel: +45 70 20 70 48 • Fax: +45 33 32 25 60 • Email: travel@ihi-bupa.com • www.ihi.com

Bupa Global Assistance o Tel: +45 70 23 24 61 o Email: emergency@ihi-bupa.com

Bupa Global Travel is the trading identity of Bupa Denmark, filial af Bupa Insurance Limited, England, CVR 31602742, Bupa Insurance Limited is registered in England No. 3956433

NON-MEDICAL OPTIONS														Bupa											
Theft/burglary/robbery/fi Flight delay, Personal acci	re, P	erso								gal a	aid, I	Hos	pita	l da	ily b	ene	fit,						1	V	
Claims regarding Registered baggage please see other claim form																									
Claim Form Mac users should open the claim form in Adobe Reader in order to get the full functionality.																									
Mac users should open the claim form in Adobe Reader in order to get the full functionality.																									
Police report																									
Has the claim been reported to the police or other local authorities? () Yes () No																									
If no, please state why																									
Theft/burglary/robbery																									
Where was/were the object	(s) k	kept	?						1			1	1		1	1									
Was/were the object(s) kep	ot in	a lo	ocke	d p	laceî	?	\bigcirc	Ye	S	\bigcirc	No)													
Were there any visible signs	s of f	force	ed e	ntry	/?		\bigcirc	Ye	S	\bigcirc	No														
If yes, please give a descrip	tion	1																							
Theft from a car																									
Where in the car was/were	the	stol	len c	obje	ect(s)) pla	ced	?	\bigcirc	Th	e ca	bin		\bigcirc	Se	para	ate co	mp	bartı	men	t	\bigcirc	Ot	her	
Was there any damage to t	he c	ar?		\bigcirc	Ye	S	\bigcirc	No	D																
If yes, please give a descrip	tion	1																							
																				-					
Registration number of the	car																								
Make of the car																									
Insurance company																									
Policy number																									
Name of rental company if	арр	lical	ble																						
List of stolen items																									
Stolen items					Da (m	ate c ionth	of pu /yeai	irch r)	ase		Cı	irrei	ncy			1	ice of Irchas			Claimed amount					
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289E4-56_WTO_ENG_Claim Form_Non Medical Options

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Bupa Global Travel

Travel Sales

Palaegade 8

DK-1261 Copenhagen K

Denmark

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Fax: +45 33 32 25 60

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NON-MEDICAL OPTIONS

Theft/burglary/robbery/fire, Personal liability, Security and legal aid, Hospital daily benefit, Flight delay, Personal accident

Claims regarding Registered baggage please see other claim form

Claim Form

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Fire/Theft/Burglary/Robbery

In case of fire, theft, robbery or burglary please attach a police report, invoices stating age and value of items.

Flight delay

For delays of more than 5 hours due to flight delay, cancellation or overbooking of the scheduled flight, please attach a copy of:

- 1) Confirmation from the airline company as to the cause of the delay and documentation for amount compensated
- 2) Receipts for local transportation, meals and/or accomodation

Security and legal aid

Please attach a copy of the bail notification and/or the court summons and/or the travel expenses to attend the court hearing

Daily hospital benefit

Please attach a copy of the hospital record showing the duration of your admittance.

Personal accident

Please attach a copy of the full medical documentation relating to the accident.

Medical information

Please note that in order to process your claim **we must receive copies of the medical statement/journal** from the treating doctor and/or hospital

Other insurance

Do you have another insurance with Bupa Insurance limited? \bigcirc Yes \bigcirc No														
f yes, please indicate policy number														
Do you have medical insurance cover with another insurance company or with a credit card provider? Yes 🔗 No														
Name of insurance Company or credit card provider														
Address														
City Postal Code														
Country														
Policy number or credit card number														
Has the claim been reported under other cover? \bigcirc Yes \bigcirc No														
f no, please state why:														

Page 3 - Please continue on next page >

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NON-MEDICAL OPTIONS Theft/burglary/robbery/fire, Personal liability, Security and legal aid, Hospital daily benefit, Flight delay, Personal accident

Claims regarding Registered baggage please see other claim form

Claim Form

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Payment method																												
The amount sh	ould b	e r	eim	bur	sed	to:	\bigcirc	Po	licył	nold	er	\bigcirc	Oth	er														
Name																												
Address																	P	osta	l Co	de								
City																												
State																												
Country																												
	If no choice of reimbursement method has been made, Bupa Global Travel will send a cheque. Your choice of reimbursement method cannot be changed after the claim has been processed.																											
The amount should be reimbursed in the following currency 🔷 USD 🔷 CHF 🔷 EUR 🔵 GBP																												
Please transfer reimbursement to the following credit card																												
🔵 Euroca		\bigcirc	Vis	а			\bigcirc	JC	В																			
Name of cr	edit ca	ard	hol	lder																								
Card no.																												
Expiry date	9					(month/year)																						
O Please tran	sfer re	eim	bur	sem	nent	to t	he f	ollo	wing	g ac	cou	nt																
Name of ba	ank																											
Address																												
BIC / S.W.I.F	T. Coo	de ,	/ Ae	3A r	numł	ber																						
IBAN																												
Account no).																											
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City																												
State																												
Country																												
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Please submit this claim form along with the attached documentation to: traveleclaim@ihi.com

If you prefer post, please print the form and send it along with the attached documentation to the address below

Bυ

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