Travel Insurance Claim Form

Elmo INSURANCE

Section A: General Section

Details of Policyholder

Policy Number:	
Name of Policyholder:	ID Card Number:

Details of the Claimant

Name of Claimant:	ID Card Number:
Tel/Mobile Number:	
Address of Claimant:	

Note: Should a claim involve various claimants, please complete the information hereunder for each claimant.

Name	ID Card/Passport Number	Tel/Mob Number	Occupation
1			
2			
3			
4			

Purpose of Journey: _____

Do you have any other travel insurances in force? Yes ☐ No ☐

If yes please give name of insurer and policy number: _____

Section B: Personal Baggage, Personal Money and Loss of Passport

Date of loss, theft or damage: ____ /____ /____	Time:	Place:

In case of loss or theft, please explain in detail how the incident occured.

_____

_____

_____

Have you reported the incident to the Police? Yes ☐ No ☐

Police Station: _____

Date and time reported: _____

Police report number: _____

Please complete the applicable section

Personal Baggage

Details of Damaged items

Description of lost, stolen or damaged property (incl. make, and model) or items bought as emergency expenses	Date of Purchase	Purchased From	Purchase Price €	Cost to replace €

Please attach original receipts, invoices and/or proof of purchase.

If your **baggage** is lost, damaged or delayed whilst in transit, please attach report from carrier, airline ticket and long baggage tag, boarding pass and small tags.

Personal Money

Total amount claimed in € _____

Loss of Passport

If you lose your passport whilst abroad and you necessarily incur additional travel and accomodation expenses, please attach the receipts for the amounts being claimed.

Section C: Medical Emergency and Associated Expenses & Personal Accident

Please state the nature of the illness/injuries suffered:

Date of occurence: ____ /____ /____ Details of Hospital/Doctor:

Have you ever suffered from a similar illness or injury before effecting this insurance policy? Yes ☐ No ☐
If yes, please give details.

Total expenses claimed: € _____

Do you hold any Medical Insurance cover? Yes ☐ No ☐

If yes, please specify the policy number and insurance company: _____

Please attach any medical certificates and/or receipts of medical expenses incurred.

Section D: Cancellation, Curtailment and Change of Itinerary

Date of occurence: ____ /____ /____

State reason for cancellation/curtailment.

Please state the amount paid in respect of airline tickets(excluding taxes) and other non-refundable deposits: € _____

If the reason for cancellation/curtailment relates to illness, accidental bodily injury or death of a close relative, please complete the following:

Name and ID card number of sick/injured person:

Relation to the claimant:

When were the first symptoms of illness/injury discovered: ____ /____ /____

Please attach medical certificate or death certificate.

Section E: Travel Delay

Date and time of the original departure: Flight No:

Date and time of rescheduled departure: Flight No:

Reason for the delay:

Please attach the written confirmation notice from the carrier, confirming the reason of the delay and the number of hours.

Section F: Personal Liability

Date, time and place of incident: _____

Please explain how the incident occured:

_____

_____

Detail Third Party damages/Bodily Injuries (including Name, ID, Telephone Number and Address):

Name: _____

ID: _____

Tel No: _____

Address: _____

Data Protection Notice

I consent to the processing of my personal data by Elmo Insurance supplied by myself as long as this processing relates to administering my travel insurance policy, underwriting, handling and settling of claims, detecting, preventing and suppressing of fraud and the keeping of statistics. I authorise Elmo Insurance to seek any medical information relating to myself or any person with whom I am travelling. I also authorise any doctor, hospital, laboratory or other insurance provider to provide full information concerning myself or any person with whom I am travelling. I understand that Elmo Insurance may, in addition, exchange information with others (including the Malta Insurance Association or other insurance companies) for the prevention of fraud. I authorise Elmo Insurance to keep me informed of its products and services by mail, fax, e-mail or other electronic means. I understand that I may inform Elmo Insurance in writing if I do not wish to receive this information. I also understand that I have the right to request access to my personal data by contacting Elmo Insurance in writing.

Declaration

I declare that, to the best of my knowledge and belief, the statements and information given are true. I give my consent to Elmo Insurance to obtain a medical report from my Specialist or General Practitioner and to contact any person or organisation involved in my treatment. I understand that by consenting, I am permitting Elmo Insurance to use the information in the form and the medical report together with any extra information gathered during the claims process for the purposes of processing the claim or for other purposes permitted by law. I also agree to provide Elmo Insurance Ltd. with the necessary document they may need in order to be able to process my claim. I understand that without this concent Elmo Insurance may not be able to process this claim.

I also agree that a copy of this concent shall have the validity of the original claim form.

Signature of claimant: _____ Date: ____ /____ /____

For Office Use

Claim Number: _____

Claim Form Completed by: _____ Date: ____ /____ /____

Clerk Handling Claim: _____ Date received at HO: ____ /____ /____

EIL.TRCF 001/03/11

SEND YOUR COMPLETED FORM TO
Elmo Insurance Ltd.
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Email: travel@elmogroup.com www.elmogroup.com