

Travel Insurance Claim Form

MAWDY

Please answer all relevant questions on the claim form. Leaving items blank, using ticks, dashes or "N/A" may result in the claim form being returned with requests for further information. This may delay the processing of your claim.

Claim Reference:

Full name, Address and Eircode:

IMPORTANT INSTRUCTIONS

1. For claims processing, all necessary documents have to be submitted. The list on Page 3 is indicative: depending on the nature of the claim, additional documents may be required in order to make a final decision.
2. Submission of the required documents does not guarantee approval of your claim. The submitted documents will be reviewed and evaluated, subject to the limits, terms and conditions of your Travel Insurance Policy.

Claimant Details

Mr Mrs Miss Ms Other

Title: _____
Surname: _____
Forename(s): _____
Date of Birth: _____
Occupation: _____

Mobile: _____
Email: _____
Destination: _____
Departure Date: Return Date:
Date Trip Booked: Date of Loss:

Travel Insurance Policy

Policy Number: _____
Issued By: _____ Issue Date:
(Insurance Company)
Valid From: Valid To:

Bank Details *(for Claim Reimbursement Purposes only)*

Beneficiary: _____
(If different than insured)
Bank Name: _____
IBAN: _____
Account Number: _____ BIC Code: _____

Do you have any other Insurance Policy?

Travel insurance policy? YES NO
Insurance with your bank account / bank card? YES NO
Any other insurance policy which may cover this loss? YES NO

If you answered yes to any of the options on the left, please provide the following details:

Name of Company: _____
Policy Number: _____

Type of Refund Request *(please refer to the Schedule of Cover in your Policy Wording)*

Emergency Medical and Other Expenses	Delayed Luggage
Emergency Dental Care	Loss or Theft of Luggage / Personal Belongings
Delayed Departure / Missed Departure / Abandonment	Personal Accident
Trip Cancellation	Catastrophe
Curtailement	Travel Disruption (if cover selected)
Other (please specify): _____	Winter Sports (if cover included/selected)

Incident Details

Please **briefly** describe the nature of your claim:

Please add a supplementary document if more space is required

We will ask you to provide some specific information regarding the medical condition or injury giving rise to your claim, and also regarding current or past medical conditions for you and, where relevant, for your fellow travellers, close relatives or close business associate.

We will only use sensitive information for the specific purpose you provide it, including to validate and administer your claim, and to provide the services described in the policy. This may include sharing with service providers, and if you have travelled outside the European Economic Area 'EEA', it may be necessary for us to transfer your data and share with service providers outside the EEA.

Further information about how data is used and shared can be found in our privacy policy on www.mawdy.ie/PN.pdf

You must ensure that you only provide sensitive information about other people where you have the consent or legal right to do so.

DECLARATION

Insurers and their agents share information to prevent fraud and for underwriting purposes. This document, information provided when taking out the Policy and relevant facts form the basis of your claim and may be shared or used for audit purposes. It is a criminal offence to make a fraudulent claim. We investigate all cases and any person suspected of fraud is reported to the Police/ Gardaí with whom we always cooperate in effecting a prosecution.

I/We understand that you may seek information from other insurers and third parties to check that the information provided above is truthful and that details of this claim can be used for audit and fraud prevention purposes.

I/We understand that you may request information from medical practitioners in relation to a claim where medical advice was sought.

I/We declare that to the best of my/our knowledge and belief that all the information I/We have given is correct.

I/We have not withheld any information connected with this incident and agree to provide any further information or documentation as may be required.

I understand that the insurer does not admit liability by the issue of this form.

<u>Lead Claimant</u> Name (Print)		Signature	Date
<u>Other Claimant</u> Name (Print)	Relationship to Lead Claimant	Signature	Date

Required Documentation Checklist

For claim processing, all the referred documents in the “Compulsory Documentation” must be submitted.
Incomplete requests will result in a delay processing your claim.

Compulsory Documentation for ALL claims:

- | | |
|---|---|
| Completed claim form | Official Receipts of ALL incurred costs |
| Copy of Insurance certificate | Booking invoice for trip |
| Incident Details on page 1 of this document | |

Additional Documents required per type of claim:

<p style="text-align: center;"><u>Medical Expenses / Emergency Dental Care</u></p> <p>Medical report from treating facility abroad ¹</p> <p>Medical certificate (attached - page 5)²</p> <p>¹ Depending the complexity of the medical claim we might require the Insured to provide further medical reports</p> <p>² Not necessary for injury resulting from accident or acute illness</p>	<p style="text-align: center;"><u>Delayed Luggage</u></p> <p>Property Irregularity Report (issued by Carrier)</p> <p>Confirmation from Carrier as to date & time luggage was returned</p> <p>Original receipts for basic necessity items bought</p>						
<p style="text-align: center;"><u>Lost Luggage</u></p> <p>Police report (loss or theft of personal belongings)</p> <p>Property Irregularity Report (issued by Carrier)</p> <p>Confirmation the luggage is irretrievably lost (issued by Carrier)</p> <p>Copy of the Carrier settlement / claim form</p> <p>Expenditure list (attached - page 6)</p> <p>Receipts for items claimed</p> <p>Substantiation of Cash (refer to FAQ #4)</p>	<p style="text-align: center;"><u>Trip Cancellation / Trip Curtailment</u></p> <p>Booking invoices for services booked for the trip (accommodation, flights, etc.)</p> <p>Booking conditions & proof of cancellation of services</p> <p>Proof of payment receipt of services booked for the trip</p> <p>Medical / death certificate (attached - page 5) (if due to ill health / death) - compulsory</p> <p>Other relevant certificate (e.g. redundancy, jury duty)</p>						
<p style="text-align: center;"><u>Delayed Departure / Missed Departure / Abandonment / Travel Disruption</u></p> <table border="0"> <tr> <td>Report confirming event (issued by Carrier)</td> <td>Evidence of used / additional accommodation (where necessary)</td> </tr> <tr> <td>Copy of original travel ticket</td> <td>Booking details and proof of cost of lessons / hire / lift pass* <small>*Winter Sports</small></td> </tr> <tr> <td>Copy of replacement ticket indicating the paid amount</td> <td>Other relevant receipts</td> </tr> </table>		Report confirming event (issued by Carrier)	Evidence of used / additional accommodation (where necessary)	Copy of original travel ticket	Booking details and proof of cost of lessons / hire / lift pass* <small>*Winter Sports</small>	Copy of replacement ticket indicating the paid amount	Other relevant receipts
Report confirming event (issued by Carrier)	Evidence of used / additional accommodation (where necessary)						
Copy of original travel ticket	Booking details and proof of cost of lessons / hire / lift pass* <small>*Winter Sports</small>						
Copy of replacement ticket indicating the paid amount	Other relevant receipts						

Please list the paid expenses for which you seek reimbursement

Date of the Invoice	Type of Service	Amount (Local Currency)	Amount (Euro or USD)	Status of Invoice (paid/pending)	Payment Date

Please list other submitted documents

Document 1	
Document 2	
Document 3	
Document 4	
Document 5	
Document 6	

If you require any assistance, please contact the team:



Phone:

Please consult your policy wording for the correct contract details



Email:

traveldept@mapfre.com

IMPORTANT INFORMATION:

1. In order to process your refund request, all the required documentation must be sent, along with the completed and signed claim form via email to traveldept@mapfre.com.
2. Please retain original documents as these may be required.

FAQ:

1. How do I complete the claim form?

It is essential that you fill in all personal data correctly, in case we need to contact you.

- In the "List your Documentation" section, please list all of the documents you are sending. If you do not have the documentation to hand, please request it from the relevant source.
- It is very important that you fill in the IBAN field in your Banking Details.
- It is essential that you sign the form in order to process the refund.

Note: Depending on the complexity of the reimbursement required, we may request additional information to make a final decision on your claim.

2. What should I do if I am asked for additional information?

Please send any additional information requested as soon as possible, so that your claim is processed promptly. If you do not provide the requested necessary documentation we may be unable to decision your claim.

3. When do I need to seek the approval of the Assistance Company before incurring any medical expenses?

In case of medical assistance over €500, it is necessary to obtain previous approval. Please call the emergency number in your policy wording, and we will advise you according to your policy.

4. What is acceptable substantiation of cash?

Please provide substantiation of the cash claimed before the theft, i.e. provide evidence by way of withdrawal slip or bank statement confirming you had the amount of cash claimed when the theft occurred. Please also provide substantiation of cash claimed after the theft, i.e. how you replaced the stolen cash (whether it be by withdrawal, western union etc.).

5. In which currencies can reimbursements be made?

If you have paid your expenses in a different currency, we will apply the exchange rate on the date on the invoice and we will refund you in euros.

6. When will I get a response on my claim?

Travel may be affected by external issues eg Covid, strikes, weather which may result in slightly longer than usual response times. Rest assured a claims handler will respond to you as soon as possible.

7. When is the medical certificate/ medical report needed?

If you have to Cancel or Curtail your trip due to your own ill health or the ill health and/or death of a close relative or travelling companion, you need to provide a medical certificate from the ill person's usual treating GP.

If your claim is due to medical treatment, you received abroad, you need to provide a medical report. If this treatment is not pertaining to an acute illness or injury, you must also supply a medical certification completed by your usual treating GP. These documents must be dated, stamped & signed by a medical practitioner.

8. Will a Death notice be sufficient in lieu of a death certificate?

If the death notice confirms the death to be sudden or unexpected, the death notice will suffice. If not, we will require a death certificate.

9. My police report / medical report are not in English, do I need to get them translated?

We will endeavour, at first, to have these translated in our office. If we need your assistance in this matter, we will let you know.

10. My flight has been cancelled, what should I do?

Please contact the airline for a refund / reschedule and to query your entitlements under EU261.

Please consult your policy wording to determine whether you have the appropriate cover for flight cancellation. If you do, please submit this completed claim form to our email address.

Once this claim form is fully completed, and signed by all claimants, please save it and send it by email to traveldept@mapfre.com accompanied by all additional documents required in page 2 of this form.

To be completed by the USUAL MEDICAL PRACTITIONER of the person whose illness/injury/death gives rise to the claim.

Any charges incurred for the completion of this certificate are NOT refundable under the terms of the Insurance policy.
This information will be treated as private and confidential.

Notice to claimant:

Please complete sections 1, 2 & 3 prior to giving to the Medical Practitioner for completion.

1. Date trip booked:	
2. Date insurance purchased:	
3. Travel Dates:	

Notice to Medical Practitioner:

Please complete all sections as it may result in the document being returned if all details are not provided. You must ensure that you only provide sensitive information about other people where you have the consent or the legal right to do so.

Name of person to whom this certificate applies:	Date of Birth:
Are you his/her usual treating GP? Yes No	If YES, for how long?
Please describe the MEDICAL CONDITION / INJURY which gives rise to this claim:	
What date did the patient first consult for this condition (please specify the exact date)?	
Was the patient examined by you (or a colleague) in the clinic on the above date?	
How long were the symptoms in existence prior to consulting on the above date?	
What date did you recommend cancellation of the holiday?	
Has the patient been referred to a Consultant / Specialist / Hospitalised in the last 2 years? If YES, outline the condition(s), date of referral(s) and type of treatment / investigation:	
Was the patient on a waiting list or awaiting results for any tests / treatments or consultations at the time of inception of the insurance or booking the trip? (Please refer to the top of this certificate for the dates) If YES, please provide details (including condition and dates of referrals):	
Has the patient received a terminal prognosis? Yes No	If YES, what date was this given?

Please provide details of all consultations in the previous 2 years:

Date of Consultation	Reason for Consultation	Medication Prescribed

Declaration:

I certify that the reason for this claim was due only to the medical reasons stated above and, in the case of a claim for cancellation, that cancellation was medically necessary. I confirm that I have obtained the explicit consent of the data subject to share this information for the purposes of validating and administering the claim.

Doctor's Name (please print): _____

Doctor's Official Stamp:

Doctor's Signature: _____

Date: _____

