

Travel Insurance claim

Linkham Services
Unit/Office 36, 88-90 Hatton Garden
London, EC1N 8PN

Claim Ref:

Please answer all the questions contained in this claim form, leaving items blank, using ticks, dashes and N/A may make it necessary for us to return your claim forms or lead to us asking unnecessary questions thus delaying the processing of your claim.

NOTICE: WE WILL NEED YOUR INTERNATIONAL BANK ACCOUNT DETAILS (IBAN AND SWIFT CODES INCLUDED) AS ANY REIMBURSEMENT WILL BE PAID BY INTERNATIONAL BANKING TRANSFER.

Personal details - Required for all claims

Claimant Details	Mr/Mrs/Miss/Ms	<input type="text"/>	Home Address	<input type="text"/>		
	Surname	<input type="text"/>		<input type="text"/>		
	Forenames	<input type="text"/>		<input type="text"/>		
	Date of birth	<input type="text"/>	Postcode	<input type="text"/>		
	National Ins No.	<input type="text"/>	Tél. personnel	<input type="text"/>	Work tel.	<input type="text"/>
	Nationality	<input type="text"/>	E-mail	<input type="text"/>		
	IBAN	<input type="text"/>		<input type="text"/>		
	SWIFT (BIC)	<input type="text"/>		<input type="text"/>		
	Account Holder	<input type="text"/>		<input type="text"/>		

Policy and travel details		Type and amount of claim	
		Policy Benefit	£'s / €'s Claimed
Policy number	<input type="text"/>	Medical Expenses abroad	<input type="text"/>
Date issued	<input type="text"/>	Hospital Expenses	<input type="text"/>
Departure date	<input type="text"/>	Convalescence Benefit	<input type="text"/>
Return Date	<input type="text"/>	Cancellation	<input type="text"/>
No. In party	<input type="text"/>	Baggage Delay	<input type="text"/>
Destination(s)	<input type="text"/>	Loss/Damage/Theft of baggage	<input type="text"/>
		Legal Expenses	<input type="text"/>

Important Note: Some of the benefits detailed may not be available upon the policy you hold.

It is against the law to submit a fraudulent insurance claim. If your claim is found to be fraudulent your claim will be declined and the authorities informed.

1. I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would effect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Linkham Services nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.

2. I/We understand that the information on this form will be passed to or used by Linkham Services for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.

3. I/We give my/our authority to Linkham Services to contact my household insurers or medical insurers or other travel insurers regarding a contribution.

I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimants Name	Claimants Signature	D.O.B.	Dated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**LINKHAM
SERVICES**

Claim Ref:

8a. Do you hold any private health care (e.g. BUPA, PPP), personal accident insurance or other travel insurance (insurance included in your credit card)?

8b. If yes, please provide details below and attach a copy of the policy schedule

Policy No.

Renewal date

Insurance Company

Address of Insurance Company

9. Did you obtain an E111 Department of Health form(s) for your trip?

Have you made a claim under the E111 and have you received reimbursement ?

If yes, how much have you been reimbursed? (Please attach evidence of this.)

10. Previous claims

a. Have you made any previous claims for medical expenses incurred overseas ?

b. If yes, please give details below :

11. Health conditions

At the date of arranging your trip were you, any close relative, any member of your party or anyone on whom your trip depended:

A. Aware of any medical condition(s) or set of circumstances that could reasonably be expected to give rise to a claim ?

B. Did you, any close relative, or any other person upon whom your travel plans depended (including non family companions) have :

i) an ongoing medical condition (or any medical complication directly attributable to that condition) investigated by a registered medical practitioner within the last 12 months?

ii) a medical condition for which there had been prescribed medication or treatment other than a minor ailment by a registered medical practitioner during 90 days immediately preceding the period of insurance?

iii) hospitalised within the last 12 months or on a waiting list for an operation, consultation or investigation?

iv) expected to give birth before or within 8 weeks of the date of arrival home?

v) been travelling against the advice of a medical practitioner, or travelling for the purpose of obtaining medical treatment?

vi) been given a terminal prognosis ?

Did you obtain a letter concerning any of the above from your doctor? If yes, please forward a copy of the letter.

If you answered yes to any of the above please give further details of the condition or circumstance:

12. Are you expecting to receive or are you going to submit any further accounts?

If yes, please provide details on a separate sheet.

Important Notes

i) Any excess deduction applicable to each claim as stated in the Policy Terms and Conditions must be paid before expenses detailed in question 7 can be settled. If this was paid to the Hospital or Doctor Overseas, please enclose the receipt. Otherwise a remittance payable to Linkham Services for the amount of the excess should be forwarded with this form.

ii) Payment of admissible expenses would normally be made in favour of the claimant. If you require payment to be made in favour of somebody else please forward their details.

