

Travel Insurance

Claim Form

How can we help you? We give claims our greatest possible care and try to deal with them as quickly as possible - because we know that this is important to you when you submit a claim.

Please help us to help you by:

- making sure that the information you give is as clear and complete as possible
- remembering to sign and date this form
- **please attach a copy of your Schedule of Insurance**

Please complete the sections of this form appropriate to your claim.

If you are reporting an incident where someone is, or may be, holding you legally responsible, write to us giving full details of the incident.

For ALL Claims Please Complete this Section

I. Insured

Name of Policyholder:	<input type="text"/>		Mr/Mrs/Miss/Ms
Policy / Cert No.	<input type="text"/>		
Name of person claiming (if different from above):	<input type="text"/>		
Address:	<input type="text"/>		
Telephone Number: Home:	<input type="text"/>	Business:	<input type="text"/>
Date of Incident:	<input type="text"/>	Place:	<input type="text"/>
		Country:	<input type="text"/>

Insurance Details:

Where was Insurance Purchased:	<input type="text"/>		
Date Insurance Issued:	<input type="text"/>	Date Trip was Booked:	<input type="text"/>
Departure Date:	<input type="text"/>	Return Date:	<input type="text"/>

I - Cancellation / Curtailment:

Name of Person Causing Cancellation / Curtailment:	<input type="text"/>	Date Trip Cancelled/Curtailed:	<input type="text"/>
Reason for Cancellation / Curtailement:	<input type="text"/>	Date it became necessary to Cancel / Curtail:	<input type="text"/>

LIST OF ALL PEOPLE CANCELLING:

NAME:	AGE:	RELATIONSHIP TO PERSON CAUSING CANCELLATION / CURTAILMENT:

Total paid by you to Agent / Tour Operator :	€ <input type="text"/>
Total refunded by Agent / Tour Operator :	€ <input type="text"/>

N.B:

- (A) You must submit receipts to support the amount paid by you to the Agent / Tour Operator.
 (B) Please request a Cancellation invoice from the Agent / Tour Operator and forward same to us.
 (C) The Medical Certificate (back page) must be completed by the usual GP of the ill / injured person.
 (D) We require all of the travel tickets in connection with the Cancelled / Curtailed trip, used and unused.

2 - Travel / Delay:

Reason for Delay:	<input type="text"/>			
Scheduled time and date of departure:	<input type="text"/>	am/pm	Actual time and date of departure:	<input type="text"/>
Scheduled time and date of Arrival:	<input type="text"/>	am/pm	Actual time and date of Arrival:	<input type="text"/>

N.B: Please forward written confirmation from the Airline confirming the above.

6 - Baggage & Money:

Please provide full details of how the loss / damage occurred. (Use a separate sheet if necessary.)

DATE / TIME / PLACE OF INCIDENT:

Date: Time: am / pm

Place:

Was the loss reported to the Police: Yes No

Was the loss reported to the Carrier: (e.g., Airline, Shipping, Coach Company) Yes No

DATE & REPORT TIME:

Date: Time: am / pm

Report No.:

If the loss involves theft from a Hotel / Apartment Security Box are you processing a claim against the Hotel / Apartments? Yes No

Please state the Name and Address of the Insurers of your Household Insurance along with the Policy Number:

Name:

Address:

Policy Number:

DETAILS OF LOSS OR DAMAGE TO BAGGAGE: (Please list each item separately in the spaces provided)

Owner of Item	Description of items Make & Model	Where Purchased Shop Name	Date of Purchase	Price Paid €	Deduction for Wear & Tear €	Amount Claimed €
Total Amount Claimed						€

DETAILS OF LOSS OF CASH:

Owner of Cash	Obtained Where	Date Obtained	Type of Currency	Amount Claimed
Total Amount Claimed				€

- N.B.:
- (1) You must provide original purchase documents for the lost / stolen items, receipts, Visa / Access bills, guarantee cards, instruction booklets are all acceptable.
 - (2) For DAMAGED Items: Repair / Dry Cleaning estimate OR Confirmation that the item is not capable of being repaired or cleaned to be obtained from an appropriate specialist retailer.
 - (3) All baggage and cash claims must be accompanied by either a Police report or if more appropriate a Property Irregularity Report.

MEDICAL CERTIFICATE (Cancellation / Curtailment Only):

To be completed by the usual Medical Practitioner of the ill / injured person. This information will be treated as Private and Confidential

PLEASE COMPLETE IN BLOCK CAPITALS:

1 Name of Person to whom these Medical details apply.

2 Please outline the exact nature of the illness / injury which makes cancellation of the trip Medically necessary and prevents Travel - or - necessitates the early return of the patient's family.

3 (a) Date on which you were first consulted regarding this illness / injury.

(b) Dates on which you were previously consulted regarding this or any other similar illness/injury.

4 (a) Was this Patient awaiting inpatient treatment.

(b) Date placed on waiting list.

5 If Cancellation is due to pregnancy please advise:

(a) Date of confinement

(b) Date Pregnancy confirmed

(c) Details of illness / injury which gave rise to your recommendation not to travel.

6 Date on which you advised this holiday should be Cancelled / Curtailed.

7 Please confirm that your Patient was fit (to travel) when this insurance was issued.

8 General Remarks.

Please give any general comments you may have.

I have examined the patient and / or / referred to his / her Medical Records and I declare that the Medical information given is correct and that no details relevant to the case have been omitted.

Name and Qualification:

Address:

Signed:

Date:

Declaration:

Have you made any previous claims for loss, theft or damage at any time (whether accepted or not)?

Yes No

If YES, please give full details of name(s) and address(es) of the insurers together with approximate date(s) and claims reference number(s). (Attach a separate sheet if necessary)

I/We declare that to the best of my/our knowledge and belief all statements made in respect of this claim are correct.

Claimant's Full Name(s)

Signed for and on behalf of all persons to whom these details apply.

Claimant's Signature(s)

Date

THE MAKING OF A FRAUDULENT CLAIM IS A CRIMINAL OFFENCE

Please return the completed form with the relevant evidence of the amount claimed



RSA, RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16. Telephone: 1890 290 100 Facsimile: (01) 290 1001

RSA Insurance Ireland Limited is registered in Ireland under number 148094 with registered office at

RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.

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