

MEDICAL EXPENSES CLAIM FORM



THANK YOU FOR NOTIFYING US OF YOUR CLAIM
PLEASE COMPLETE ALL QUESTIONS - IF ANY QUESTION IS NOT
APPLICABLE PLEASE STATE "N/A"

Name of Institution (University, College etc):
Certificate No:
Date on which Travel commenced:

Full Name of Person Covered:	Date of Birth:
Title (Mr, Mrs, Miss, Ms):	
Full Address:	
	Postcode:
Tel No. (Business):	(Home):
Email:	

Full Name of other Persons Covered	Date of Birth	Relationship
1		
2		
3		

PLEASE ENSURE YOU SIGN THE DECLARATION ON THIS CLAIM FORM

ACCIDENT/SICKNESS DETAILS

Type of Travel: Business/Holiday

Please give exact date and place when injured or taken ill: Date: Place:
Country in which incident occurred:

If accident, please state fully:-

- a) where the accident occurred: _____
- b) how the accident occurred: _____
- c) The injuries sustained: _____

If illness, please state full details of the illness: _____

Has the Person Covered ever suffered from this illness before? YES/NO

If YES, please give details with relevant dates: _____

Please state whether the Person Covered was in hospital YES/NO
If YES, please state dates of hospitalisation Admitted: Discharged:

Has the Person Covered previously claimed under this or a similar policy? YES/NO

If Yes, please give details: _____

Is the Person Covered covered under any group private medical scheme i.e. BUPA/PPP
or any similar scheme? YES/NO

If YES, please give name, address, and reference number of the company concerned:

Did the Person Covered use a European Health Insurance Card, E111 or E128 form (if treated within the EU)?
YES/NO

Please give name and address of General Practitioner in the UK:

PLEASE ENSURE YOU SIGN THE DECLARATION ON THIS CLAIM FORM

DECLARATION

I declare that the information given is to the best of my knowledge and belief, full, true and correct.

Signed: _____ Date: _____

PLEASE ENSURE

(√)

- You have completed ALL relevant questions on this claim form.
- You have enclosed all requested information/documentation.
- You have signed this claim form.

As failure to do so will result in delay in handling your claim.

Please return the completed claim form together with any enclosures to:

U.M.Association Ltd & Hasilwood Management Services Ltd,5 St Helen's Place ,London EC3A 6AB

Thank you for fully completing this form.