



# 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'

Please send the completed form together with all relevant correspondence to: [claims@umal.co.uk](mailto:claims@umal.co.uk), or alternatively send to: U M Association Ltd, 5 St Helen's Place, London EC3A 6AB

Name of Institution (University, College etc.)

Date on which travel commenced

Date on which travel due to end

Full name of person covered (Mr, Mrs, Miss, Ms)

Date of Birth

Full address including postcode

Telephone no.

Email

Please ensure you sign the declaration on the last page of this claim form

## Accident/Sickness Details

Type of Travel: Business

Holiday

Placement

Internship

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 cover?

Yes  No

If 'YES', please give details

Is the person covered under any group private medical scheme  
e.g. 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 (EHIC) or a  
Global Health Insurance Card (GHIC) (if treated within the EU)?

Yes  No



We have updated our [Privacy Policy](#), to ensure that we continue to handle your data fairly and lawfully, in accordance with the General Data Protection Regulation that came into force on 25 May 2018.

You can review the updated Privacy Policy [here](#).

The Privacy Policy includes information and guidance, such as:

- How we collect, use and store your personal data;
- Your rights in connection with our collection, use and storage of your personal information;
- The circumstances under which we may be obliged to share your personal data with third parties.

By signing this form, you are consenting to the terms of our Privacy Policy.

If you have any questions about our Privacy Policy, you can contact the Data Protection Officer on 020-7847 8670, or by email to [DPO@umal.co.uk](mailto:DPO@umal.co.uk), or by writing to the Data Protection Officer at 5 St Helen's Place, London EC3A 6AB.

**Declaration**

Name	<input type="text"/>	Signature
Position	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	

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.

Thank you for fully completing this form.