Medical Expenses & Medical Disablement
Claim Form

Please complete this claim fully and return to us by following the postal instructions below.

For ERV.co.uk, ERV Express, Planet Earth, Eurocamp, Keycamp, Select Sites, Axiom, Cyclosure, starttravel.co.uk, all Coach Tours, Civil Service and ManxCover policies please return your completed form to:

ERV Insurance Services
PO Box 9
Mansfield
Nottinghamshire
NG19 7BL

For all other policies please return your completed form to:

Mayday Claims
2 Clifton Mews,
Clifton Hill,
Brighton,
BN1 3HR

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Personal details

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other

Family name First name

Date of birth (D D M M Y Y Y Y) N.I number

Address

Post code

Daytime tel no. Evening tel no

Email address

Policy details

Company name *If applicable*

Policy number Date of issue (D D M M Y Y Y Y)

Date of booking (D D M M Y Y Y Y) Destination

Date of travel (D D M M Y Y Y Y) Date of return (D D M M Y Y Y Y)

Travel agent Tour operator

Claim details

Onset date of illness or accident. (D D M M Y Y Y Y) Place accident / injury / illness occurred

Full description of illness / accident including nature of injuries

Have you suffered from a related medical condition in the previous 12 months? Yes ☐ No ☐

If 'yes' was this condition declared? Yes ☐ No ☐

Your Reference No.

Did you extend your trip? Yes ☐ No ☐

If 'yes' how long for?

Did you contact our 24 hour emergency service? Yes ☐ No ☐

Were you hospitalised as a result of the illness / accident? Yes ☐ No ☐

If 'yes' please provide dates From: (D D M M Y Y Y Y) To: (D D M M Y Y Y Y)

Name of treating doctor

Address of clinic / hospital

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Particulars of claim

Medical Expenses Schedule (original documents required)				
Type of expenses (e.g. doctor ' s fee, prescription, travel costs)	Name of Provider (doctor, hospital etc.)	Amount & currency claimed	Has this been paid by yourself ?	If unpaid shall we pay direct to provider ?

Documents required

		Enclosed			
a.	Policy Certificate / Schedule and / or tour operator ' s invoice proving insurance cover.	Yes	☐	No	☐
b.	Medical invoice to support details of injury / illness.	Yes	☐	No	☐
c.	Original travel tickets.	Yes	☐	No	☐
d.	In case of death, a photocopy of the Death Certificate.	Yes	☐	No	☐
e.	Original invoices for all other expenses you may wish to claim.	Yes	☐	No	☐
f.	Your EHIC Number.	Yes	☐	No	☐
g.	Any accident report or police report if applicable.	Yes	☐	No	☐

If you have received payment from any other source, please declare from whom and the amount :

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Information we need from you for possible recovery opportunities

Your Travel Policy has conditions attached whereby you must provide us with any information that assist any recovery actions. This is a standard practice in the insurance market and contributions made from other insurance cover serve to keep the costs of your premiums down. The information provided should not affect your renewal premiums or no claims discount.

Please answer the following questions and provide details as required. For questions that require a YES / NO response, please tick the appropriate boxes. Failure to do so may delay your claim.

1. Do you have a bank account?	Yes ☐	No ☐

A bank account you hold may offer Travel Insurance cover as part of the benefits. Under no circumstances will your bank account information be used other than to obtain a contribution from the Travel Insurance provider. This will not affect your bank account in any way.

	Name of bank (e.g. HSBC)	Type of account	Account holder name	Account number
Bank Account				

2. Was a credit card or debit card used to pay all or part of the trip cost? (Certain credit or debit cards provide an element of travel cover)	Yes ☐	No ☐

	Card issuer	Type of card e.g. Visa	Cardholder name	Card number
Bank Account				

3. Do you have a Household Contents insurance policy? (Some household contents policies provide an element of travel cover)	Yes ☐	No ☐

	Name of Insurer		Policyholder name	Policy number
Bank Account				

4. Do you hold any Private Medical Insurance?	Yes ☐	No ☐

	Name of Insurer		Policyholder name	Policy number
Bank Account				

5. Do you consider anyone to blame for the incident?	Yes ☐	No ☐

If yes, please provide details.

It is a condition of the policy and your responsibility to provide sufficient documentation to support your loss. Failure to provide the required documentation, including the details of any other insurances, will delay and may invalidate the claim.

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Claimants declaration and signature

1. I declare that all details and particulars given in respect of the claim(s) made herein constitute a true and accurate statement.
2. To the best of my knowledge and belief I have not omitted any material information which would affect the insurers assessment of this claim.
3. I confirm that where a claim or claims are made in respect of others, I have their full authority to act on their behalf. I also confirm that they have been advised that 'ETI' will not accept any liability if any payments are not distributed proportionately to the persons concerned.
4. By signing this declaration I subrogate all rights I may have against a third party to ETI or its authorised representatives.
5. Where a claim involves a potential refund from the NHS or DSS under a reciprocal health agreement, or from any insurance company or other interested party, I instruct them to remit any such refund to ETI or its authorised representatives such as Fogg Travel Insurance Services Ltd.
6. I am aware that an insurance claim made in the knowledge that any element thereof is fraudulent is a criminal offence and that this will invalidate the policy and will render me liable to prosecution.
7. I am, by this notice, aware that 'ETI' will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties ETI maintain all data in accordance with the provisions of the Data Protection Act, 1984.

I have read and understand the declaration above and included the necessary documents to substantiate my claim.

Claimant(s) full name(s)

Clients signature

Date D D M M Y Y Y Y

Full name of an authorised representative of the corporate policy holder (corporate and / or education group cover)

Signature of authorised representative

Date D D M M Y Y Y Y

I / We authorise _____ to act on my behalf in this matter.

Client's signature

Date D D M M Y Y Y Y