

EMERGENCY MEDICAL BENEFIT AND TRAVEL INSURANCE CLAIM FORM

China Taiping Insurance (UK) Co Ltd
2 Finch Lane,
London
EC3V 3NA

Claim No.: (Office Use Only):
 賠償檔案號碼(本公司專用)

PLEASE WRITE IN BLACK INK AND USE BLOCK CAPITAL LETTERS
 ALL SECTIONS MUST BE COMPLETED OR MARKED "NOT APPLICABLE".
 COMPLETE THE CHECKLIST AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM.

Policy no.			
MAIN POLICYHOLDER DETAILS			
Title	First Name	Last Name	
Email address		Date of birth (DD/MM/YYYY)	
Full Address			
			Postcode
Contact no. Daytime		Contact no. Evening	
For security purposes please provide a password which may be required to access your claim information. This is for additional security and you may be asked for it when calling China Taiping(CTI).			
INSURED PERSONS DETAILS			
Full Name	Date of birth (DD/MM/YYYY)	Relationship to main policyholder	I intend to claim on behalf of:
MAIN POLICYHOLDER AS ABOVE			

SECTION A - ACCIDENT/SICKNESS DETAILS

Please provide a copy of your original itinerary / travel documents if available

Please give exact date and place where injured or taken ill: DATE: _____ PLACE: _____

If **accident** please state fully:-

(a) Where the accident occurred: _____

(b) How the accident occurred: _____

The injuries sustained: _____

If **illness** please state full details of your illness. _____

Have you/the claimant ever suffered from this illness/injury before? YES / NO

If YES please give details with relevant dates: _____

Please state dates of hospitalisation: ADMITTED _____ DISCHARGED: _____

Name and address of hospital/clinic/ where treatment provided: _____

Have you/the claimant previously claimed under this or a similar policy? YES / NO

If yes please give details: _____

Are you/the claimant covered under any medical policy/scheme ie BUPA/PPP or any similar scheme? YES / NO

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

Please give name and address of General Practitioner if you are resident in UK: _____

If you are Chinese citizen, your Chinese ID number _____ and Passport Number _____ and your permanent address in China _____

Please provide us with a letter from your / the claimants attending doctor confirming it was in order to travel if applicable.

DETAILS OF EXPENSE

All accounts, bills, receipts, medical certificates, booking invoices, correspondence and any other document relative to this claim should be forwarded to the company.

Claimant Name	Nature of Expense	Name and Address of Hospital Attended	Currency being claimed	Amount £	Paid Yes / No

TOTAL £

ACCESS TO MEDICAL REPORTS ACT 1988

Before the attending doctor can give a medical report on this claim form which is a requirement of this claim, you must give your consent. Before giving your consent, you should be aware of your rights under the act which are summarised as follows:-

1. You may withhold your consent.
2. You may see the report before it is sent to us within 21 days from the date of this report
3. You may ask to see the report for up to six months after the report is completed
4. You may ask the Doctor to amend any part of the report which you Consider to be incorrect or misleading. If the Doctor does not agree with your request you may attach your comments to the report.

NB: The Doctor may withhold all or part of the report from you if he considers that you may be physically or mentally harmed by it.

PATIENT DECLARATION

Having been made aware of my statutory rights under the access to Medical Reports Act 1988 in connection with my claim.

1. I hereby consent to China Taiping seeking medical information from Doctor who at the time has attended me concerning conditions which affect my physical or mental health.
2. I DO wish to see the report before it is sent to CTI
 I DO NOT wish to see the report before it is sent to CTI
3. I authorise such Doctors to disclose such information to CTI
4. I agree that a copy of this consent shall have the validity of the original

Signed _____

Date _____

SECTION B – Cancellation/Curtailment/Postponement

Please provide documents from carrier / travel agent and any relevant documents to support your claim.

When and where was the trip booked; _____

Intended departure date; _____ Date of cancellation; _____

Why was the trip cancelled? _____

Amount paid by you; _____ Amount recovered from other sources; _____ Amount claimed; _____

SECTION C – Luggage and Personal Effects

Please provide copy of police report and original purchase receipts and/or warranty cards.

Location of police station, name of airline/carrier or other authority where report is lodged; _____

Please give details of amount claimed

Item	Description	When and where purchased	Original purchase price	Depreciation for wear and tear	Amount claimed

SECTION D – Flight delay/Misconnection

Please provide letter from the airline/carrier stating the reason and duration of delay

Original Flight Details	Delayed Flight Details
Date:	Date:
Time:	Time:
Place of Departure:	Place of Departure:
Flight No:	Flight No:
Name of Airline/Carrier	Name of Airline/Carrier

SECTION E – Baggage Delay

Please provide Boarding Pass, Baggage Irregularity report, Baggage acknowledgement slip and any other correspondence from the Airline.

Flight Details	Collection of Delayed Baggage
Arrival Date:	Date:
Arrival Time:	Time:
Place of Departure:	Place
Flight No.:	
Name of Airline	

SECTION F – Others

Please provide details of any other claim, which does not fall within the sections stated above, please provide details of the claim you are submitting. If the space below is insufficient for such detail then please attach another page. _____

DATA PROTECTION

The information that you and your medical representative have provided in the claim form and Doctor's statement is "sensitive data" as defined by the Data Protection Act 1998. Sensitive data includes any information about your physical and mental health. We require your consent before we can process this or any other such sensitive data that you may have already provided us with or may do so in the future. In order to administer your claim, this information will be used by CTI and its group companies. It may be held on computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes. By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate put a contract in place to ensure your information is protected. Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

DECLARATION

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

Signed _____ Date _____

CHECKLIST

Please return the completed claim form together with any enclosures to China Taiping Insurance (UK) Co Ltd and please ensure....

- You have completed **all** relevant questions on this claim form
- You have enclosed **all** requested original documents (we recommend you retain copies)
- You have signed this claim form

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