

TRAVEL CLAIM FORM

Please send Completed Claim Form and Documentation to:

RSA Accident & Health Claims
 Alexander Bain House
 15 York Street
 Glasgow
 G2 8LA

Email:
Glasgow.accidentandhealthclaims@uk.rsagroup.com

Reference Number:

Date:

Medical Expense Claims

Please indicate the nature of the injury/illness together with details of the period of disablement and provide the name and address of the Doctor attending together with Medical Certificates in support of your claim

Cancellation/Curtailment/Change of Itinerary and/or Travel Delay Claims

Please give reason for claiming, name and address of your travel agent and a full breakdown of the amount claimed. Medical Certificates should be provided in all cases of injury/illness. For claims relating to the delay of a ship or aircraft, written confirmation should be obtained from the carrier of the period of delay and the reason for it.

INSURED

Name:

Business Address:

Postcode:

Policy Number:

Business Description/Employing Division:

INSURED PERSON

Name:

Address:
 (Home or Business may be used for any written correspondence)

Postcode:

Date of Birth:

**Relationship & Occupation to the Insured:
 (Employee, Undergraduate, Postgraduate,
 Visitor, Student, Volunteer, Partner/Child of
 Employee/other)**

PURPOSE OF TRAVEL

 Please tick whether the journey was for business or pleasure: **Business** **Study** **Pleasure**

Duration of Trip	
From: / /	To: / /
The Date of the Trip Booked:	/ /

Under which section(s) do you wish to claim? (Please tick as appropriate)

1. Medical Expenses <input type="checkbox"/> 2. Personal Money <input type="checkbox"/> 3. Cancellation <input type="checkbox"/> 4. Personal Liability <input type="checkbox"/>	5. Baggage – Business Items <input type="checkbox"/> 6. Baggage – Personal Items <input type="checkbox"/> 7. Evacuation <input type="checkbox"/> 8. Other: please specify <input type="checkbox"/>
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Please Specify:

INCIDENT DETAILS

Date:	Time:
Country of Incident:	Country of Residence: <small>(please use UK if this is your main residence during your studies)</small>

Description of Circumstances: (continue on a separate sheet if necessary)

(Please refer to Page 5 for further guidance regarding proof of Loss)

DETAILS OF CLAIM
BAGGAGE

Items lost or damaged (Continue on a separate list if necessary)	Original Date of Purchase	Cost in £ (or indicate other currency)	Amount Claimed in £ (or indicate other currency)	Receipt Attached Y or N
TOTAL				

Receipts attached: if replacement receipts please mark accordingly on receipt for our reference and advise if you require the receipt to be returned to you.

(Please refer to Page 5 for further guidance regarding proof of Loss)

Where receipts not attached; will you be able to submit receipts later

- All later (original or replacement)
 Some later (original or replacement)
- No, because

Were Police/local authorities/airline contacted? **Yes** **No**

If Yes, please provide the Crime Reference Number and/or copy of the property irregularity report.

If No, please provide reasons incident not reported

MONEY

Location of Loss:	Total Amount Claimed in £ Sterling:
	£

Was the Money lost in Cash:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Money Supporting Documents (e.g. bank statements showing withdrawals, or currency exchange receipts)*

<input type="checkbox"/> Attached:	<input type="checkbox"/> To be submitted as soon as practicable
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<input type="checkbox"/> No, because:
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Has the loss been reported to the police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please state the time, date and police station:

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If available, has the police report been attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Was the money solely for payment of accommodation, meals or travelling costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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CANCELLATION, CURTAILMENT & CHANGE OF ITINERARY

Can you provide details of expenditure incurred together with supporting documentation/invoices/receipts for the total amount claimed? (Please refer to Page 5 for further guidance regarding proof of Loss)

Total Amount Claimed £ (or indicate currency)	Supporting documentation / invoices / receipts?
	<input type="checkbox"/> Yes <input type="checkbox"/> To be submitted

<input type="checkbox"/> No, because:
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CANCELLATION CONTINUED

Is the person who fell ill or was injured covered under any other policy for the cost of private medical treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold a European Health Insurance Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you travelling against medical advice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you contacted the emergency Medical Assistance Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide their reference number:		
If no, please provide the name and address of the Doctor/Hospital who provided treatment:		

PROOF OF LOSS

Money	<ul style="list-style-type: none"> <input type="checkbox"/> Supporting documentation in the form of withdrawal receipts, credit/debit card statements detailing the withdrawal, exchange receipts issued by Bureau de Change <input type="checkbox"/> If the claim is in respect of fraudulent use of a credit card a copy of the Terms and Conditions of the credit card use should be provided together with statements detailing the fraudulent transactions <input type="checkbox"/> Details from the credit card company as to the date and time that a stop was placed on the credit card <input type="checkbox"/> Police reports <input type="checkbox"/> In the case of Travellers Cheques please confirm that they have been stopped or if not why, the issuing banks details and the cheque numbers.
Baggage	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation in support of the amount claimed this should be in the form of either original receipts, credit/debit card statements detailing the original purchase or operating manuals for cameras and electronic devices <input type="checkbox"/> Where an item has been damaged a repair estimate should be provided if the item is beyond economical repair confirmation should be forwarded from the repairer and a replacement estimate/invoice provided <input type="checkbox"/> Should a claim be for a lost mobile phone we will require written confirmation from the mobile phone provider confirming when the loss was reported to them and when the SIM was blocked. We will also ask for confirmation of any costs to replace through the same provider. <input type="checkbox"/> If the items were lost, damaged or stolen whilst under the care of the Airline a Property Irregularity Report (PIR) form, tickets and baggage tags will be needed <input type="checkbox"/> For delayed luggage claims, we require receipts for all emergency items purchased together with confirmation from the Airline detailing the duration and cause of the delay <input type="checkbox"/> Confirmation that a recovery has not been made from the Airline or any other insurer or if it has value of the same <input type="checkbox"/> Confirmation that the lost passport has been reported to the consular representative of the relevant issuing country within 24 hours of discovery <input type="checkbox"/> Receipts in support of the additional cost of travel and accommodation incurred in obtaining a replacement passport

PAYEE DETAILS – Should your claim be accepted

Name of the Account Holder:	Name of Bank:
Full Postal Address of Bank:	
IBAN Number (Europe Only) / Account No:	
SWIFT or BIC code / Sort Code (UK):	

DECLARATION

I declare that the statements on this form and the information provided in addition are true and complete to the best of my knowledge and belief

Signed:	Date:

PRIVACY POLICY

RSA is committed to ensuring that your privacy is protected. This Policy explains how we use the information we collect about you, how you can instruct us if you prefer to limit the use of that information and the procedures that we have in place to safeguard your privacy.

By submitting your information you consent to the use of that information as set out in this Privacy Policy.

How we use your information:

You are giving your information to Royal & Sun Alliance Insurance plc, which is a member of the RSA Group of Companies. We need your information to manage your insurance policy, including underwriting and claims handling. Your information comprises of all the details we hold about you and your transactions and includes information we obtain about you from third parties. We will only collect the information we need so that we can provide you with the service you expect from us.

Sensitive information:

Some of the information we ask you for may be sensitive personal data, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We will not use such sensitive personal data about you or others except for the specific purpose for which you provide it and to carry out the services described in your policy documents. **Please ensure that you only provide us with sensitive information about other people with their agreement**

We may use and share your information with other members of the Group to help us and them:

Assess financial and insurance risks

- Recover debt
- Prevent and detect crime
- Develop our services, systems and relationships with you
- Understand our customers' requirements
- Develop and test products and services.

We do not disclose your information to anyone outside the Group except:

- Where we have your permission, or
- Where we are required or permitted to do so by law, or
- To credit reference and fraud prevention agencies and other companies that provide a service to us, our partners or you, or Where we may transfer rights and obligations under this agreement.
- Fraud prevention agencies

If false or inaccurate information is provided and fraud is identified or suspected, details may be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example when:

- Checking details on applications for credit and credit-related or other facilities.
- Recovering debt.
- Checking details on proposals and claims for all types of insurance.
- Checking details of job applicants and employees.

Please contact the Data Protection Liaison Officer at the address below if you want to receive details of the relevant fraud prevention agencies.

We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

We may transfer your information to other countries on the basis that anyone we pass it to, provides an adequate level of protection. In such cases, the Group will ensure it's kept securely and used only for the purpose for which you provided it. Details of the companies and countries involved can be provided on request.

From time to time we may change the way we use your information. Where we believe you may not reasonably expect such a change, we'll write to you. If you do not object, you'll consent to that change.

We will not keep your information for longer than is necessary.

How to contact us

On payment of a small fee, you're entitled to receive a copy of the information we hold about you. If you have any questions, or you would like to find out more about this notice you can write to: Data protection liaison officer, Customer relations office RSA, Bowling Mill, Dean Clough Industrial Park, Halifax HX3 5WA. You may also email us at crt.halifax@uk.rsagroup.com.

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