

Making a claim on your policy

Before you start

Your claim will be managed by nib Travel Services Europe Limited trading as nib Travel Services (we, us) who are authorised by the insurer to handle and settle claims. nib Travel Services Europe Limited trading as nib Travel Services is regulated by the Central Bank of Ireland. In order for us to process your claim quickly it's important that you complete all the relevant sections of this form with as much detail as you can. If you do not have enough room please attach additional information on a separate sheet.

If you are giving authority to another person to act on your behalf in respect to this claim please complete the Nominated Authority box below.

You'll find it easier to get all your supporting documents together first. You can find a full list of key documents we will need on page 11. Use these documents to complete all relevant sections of the form.

What you need to do:

Step 1 & 2: About you & what happened. This part is all about you, your trip and what happened.

Step 3: Your expenses. This is where you list individual expenses. You only need to complete the section(s) applicable to your claim.

Step 4: Medical Authority & Medical Certificate. Where applicable, the medical authority is completed by the person who was sick or injured, or the executor/representative of the deceased. The medical certificate is completed by their General Practitioner at home to confirm their health condition(s) which caused your claim.

Step 5: Bank details. We will transfer any cash payments directly into a nominated bank account.

Step 6: Declaration. You'll need to sign this for us to assess your claim.

Step 7: Checklist. Use this checklist to attach the relevant documents to support your claim.

Where to send the completed form:

Travel Claims
nib Travel Services
 1st Floor
 City Quarter
 Lapps Quay
 Cork, Ireland

Email:
 travel-claims@nibtravel.com

Phone:
 1800 11 11 11 or
 +353 21 237 8010

Step 1: About you

Your Policy:

1. Certificate of Insurance / Policy number:

Did you contact the emergency assistance team?

No > Go to Question 2

Yes > Give details below:

Please enter your assistance reference number:

Your Details:

2. Title: First name:

3. Last name:

4. Date of birth:

 / / (DD/MM/YYYY)

5. Occupation (e.g. Manager, full-time student):

6. Preferred contact number (including area and country code):

7. Email address:

8. Address:

County:

Eircode:

Country:

9. Preferred method of contact:

Email Phone Mail

Nominated Authority

I/We authorise:

Name of Nominated Authority:

Email:

Preferred contact number:

Date of birth:

 / / (DD/MM/YYYY)

Address:

County:

Eircode:

Country:

to act on my/our behalf in respect to this claim and to be provided with information relating to this claim.

Step 2: Tell us what happened

Please provide an exact description of the events that caused you to make this claim.

What happened?

Example: I broke my leg/My bag was stolen/My father was admitted to hospital.

How did it happen?

Please give a detailed description of how the incident happened and what you did.

When?

Date and time you were first aware of the loss, incident or need to change or cancel your trip:

(DD/MM/YYYY) (HH:MM) (AM/PM)

/ / :

Where?

Town and Country (e.g. Paris/France):

Location (e.g. Hotel Reception):

Information about your trip

1. When did you first book your trip?

/ / (DD/MM/YYYY)

2. When was the first payment for your trip?

/ / (DD/MM/YYYY)

3. When was the last payment for your trip?

/ / (DD/MM/YYYY)

4. Were you travelling for:

Holiday Work

5. If you purchased any of your travel arrangements on your credit card please give details:

Credit Card Provider: (e.g. Bank of Ireland, AIB etc):

Card Type:

Visa Mastercard Other

If other please specify in the box below:

Step 3: Your Expenses

The next part of this form is divided into specific sections depending on the type of claim. Please complete only the section(s) applicable to your claim. Specific documents will also be required to support your claim; the Checklist on page 11 will help guide you.

3a - Cancellation or Holiday Rearrangement Costs

1. Was the cancellation or holiday rearrangement due to illness, injury or death?

Yes > Go to Question 2

No > Please advise reason:

Please note: For cancellation caused by death, injury or illness, the Medical Authority & Medical Certificate must also be completed.

2. If cancellation/change was caused by a person please provide the following:

Name of person:

Their date of birth:

 / / (DD/MM/YYYY)

Relationship to you:

3. Name of all people whose arrangements have been cancelled/ interrupted:

4. Date travel supplier notified:

 / / (DD/MM/YYYY)

5. Was the trip rebooked?

No > Go to Question 6

Yes > Please provide date:

 / / (DD/MM/YYYY)

6. Please list all cancellation costs claimed (please list emergency travel arrangements and accommodation expenses under 3b):

Date	Description	Supplier	Amount Paid	Refund Received	Amount Claimed	Currency
DD/MM/YYYY	Flight to Bangkok	Expedia	€750.00	€150.00	€600.00	Euro

7. Total cancellation fee if trip was cancelled outright:

Currency:

 .

8. Total additional amount paid if your trip was postponed, interrupted or changed (please list in 3b):

Currency:

 .

Loss of Reward Points

9. Total amount of points used to purchase air ticket:

10. Did you pay any additional amount?

Yes No

If yes, how much:

Currency:

 .

11. Total amount of points:

12. Total amount of points lost:

3b - Emergency Travel Arrangements and Accommodation Expenses Claim

1. List all items you wish to claim for:

Details of Expense	Date of Expense DD/MM/YYYY	Amount Claimed						Currency
		1	0	4	5	.	0	
Extra nights accommodation in Bangkok								THB

3c - Emergency Luggage Claim

1. Your arrival date and time at destination:
 (DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

2. Date and time your luggage arrived:
 (DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

3. Have you made a claim against your carrier?
 No > Go to Question 4
 Yes > What compensation did the carrier pay you?

Amount: . Currency:

4. Please provide a list of the essential items purchased:

Name of item purchased	Place of Purchase	Date of Expense DD/MM/YYYY	Original Purchase Price						Currency
					2	8	.	9	
Disposable Razors	Seven Eleven								USD

3e - Replacement of Travel Documents

1. List all items you wish to claim for:

Replacement Documents	Date Replaced	Replacement Cost						Currency	
Irish passport; US visa; etc.	DD/MM/YYYY		5	2	5	.	0	0	GBP
						.			
						.			
						.			
						.			

3f - Rental Vehicle Expenses Claim

1. Type of Vehicle:

Car
 Campervan
 Other

2. Name of vehicle hire company:

3. Name of person driving the vehicle:

4. Their date of birth:

/
 /
 (DD/MM/YYYY)

5. Rental vehicle insurance excess:

.

 Currency:

6. Actual repair costs:

.

 Currency:

7. Amount you are claiming:

.

 Currency:

8. Charge to return vehicle if unfit to drive:

.

 Currency:

3g - Travel Delay

1. List of arrangements booked to resume your trip:

Rearrangement Expenses	Date of Expenses from	Date of Expenses to	Amount						Currency	
Hotel Ibis	DD/MM/YYYY	DD/MM/YYYY		1	4	9	.	9	5	EUR
							.			
							.			
							.			
							.			
							.			

2. List of additional expenses to resume your trip:

Additional Expenses	Date of Expenses from	Date of Expenses to	Amount						Currency		
Aer Lingus Economy Class Ticket	DD/MM/YYYY	DD/MM/YYYY		1	2	4	9	.	4	5	EUR
								.			
								.			
								.			
								.			
								.			

3h - Medical and Dental Expenses Claim

1. Name of Ill/Injured Person:

2. Their date of birth (Please note: this person must complete a Medical Authority and arrange completion of a Medical Certificate; see Step 4):
 / / (DD/MM/YYYY)

3. Relationship to you (if not you):

4. Nature of illness/injury:

5. Date first occurred:
 / / (DD/MM/YYYY)

6. Were you/they treated for this illness/injury or similar before?
 Yes No
 If YES please give details below:

7. If an injury occurred, was it whilst taking part in an adventure sport or activity or while working (paid or volunteer)?
 Yes No
 If YES please give details below:

8. Name and address of Doctor/Dentist who treated illness/injury abroad:

9. Country where illness/injury was treated:

10. Were you/they admitted to hospital?
 Yes No

11. Date and time admitted:
 (DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

12. Date and time discharged:
 (DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

13. For medical expenses claims, can you claim these from your private medical insurance?
 No > Go to Question 14
 Yes > Give details below:

Name of private medical insurer:

Member number:

Amount paid by insurer: . Currency:

14. List of medical expenses incurred:

Type of Service:	Date of Expense:	Cost Incurred:						Currency:	Account Paid?	
	DD/MM/YYYY		7	8	5	.	0	0	USD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consultation										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
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										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 4: Medical Authority and Medical Certificate

Medical Authority

To complete the assessment of your claim, this Medical Authority must be signed by the person whose medical condition caused the claim, or that person's next of kin, executor or representative. We will need to contact that person's doctor(s) to obtain further information regarding their medical history.

Before signing this Medical Authority, the patient concerned should read the following:

- You can withhold your permission, but if you do we will be unable to proceed with your claim if further information is required;
- If you wish to see the medical report, you must indicate this on the claim form and contact the doctor within 21 days about arrangements to see the report;
- You can ask the doctor if he/she will amend any part of the report which you consider to be incorrect or misleading. If the doctor is not in agreement, you may append your comments.

The doctor can in certain circumstances withhold the report from you, or any part of it.

I have been informed of my statutory rights and consent to nib Travel Services obtaining a further medical report from any doctor who has cared for me should it be deemed necessary.

In that event, I do do not wish to see (or have a copy of) the medical report before it is sent to nib Travel Services.

Details of injured/ill/deceased person:

Title: First name:

Last name:

Date of birth: / / (DD/MM/YYYY)

Preferred contact number (including area and country code):

Email address:

Address:

County: Eircode:

Country:

Signature:

Date of signature: / / (DD/MM/YYYY)

Medical Certificate

This Medical Certificate must be completed at the claimant's expense by the usual General Practitioner/Dentist of the person whose illness/injury/death caused this claim.

1. Name of patient:

2. Their date of birth: / / (DD/MM/YYYY)

3. Does she/he usually attend your practice?

No > Go to Question 4

Yes > If so, how long?

4. Do you have access to the patient's medical/clinical records?

Yes No

5. Date of the onset of the illness or injury:

/ / (DD/MM/YYYY)

6. Date on which you were first consulted for symptoms of illness/ injury:

/ / (DD/MM/YYYY)

7. Please provide a precise diagnosis of the illness/injury:

8. Does she/he usually attend your practice?

No > Go to Question 12

Yes > If so, give details:

Name of specialist:

Address of specialist:

Date referred to specialist:

/ / (DD/MM/YYYY)

Date first attended specialist:

/ / (DD/MM/YYYY)

9. Are you aware of referrals to any other Practitioners/Surgeons/Specialists?

- No > Go to Question 10
- Yes > If so, please provide details:

10. Is the medical condition described caused or exacerbated by, traceable to, or related to any recurring illness or condition?

- No > Go to Question 11
- Yes > If so, please provide details:

11. Please provide details of all medication that your patient was taking over the past 24 months (regardless of prescribing physician) and the relating condition.

Condition:	<input style="width: 100%;" type="text"/>
Medication:	<input style="width: 100%;" type="text"/>
Condition:	<input style="width: 100%;" type="text"/>
Medication:	<input style="width: 100%;" type="text"/>
Condition:	<input style="width: 100%;" type="text"/>
Medication:	<input style="width: 100%;" type="text"/>
Condition:	<input style="width: 100%;" type="text"/>
Medication:	<input style="width: 100%;" type="text"/>

12. Please give details of any chronic disease or illness or any physical impairment or comorbidities from which she/he suffers:

13. Was the patient medically advised not to travel?

- No > Go to Question 14
- Yes > On what date?
 / / (DD/MM/YYYY)

14. Did your patient travel overseas for the purpose of obtaining medical treatment or advice for medical treatment?

- No > Go to Question 15
- Yes > If so, please provide details:

15. Please provide a printout of your patient's medical history and clinical notes (if applicable).

Doctor's declaration

I declare that I have examined the patient named above and/or have referred to their medical records and confirm that the information given is a true and correct statement.

Name of Doctor/Dentist:

Signature:

Email:

Phone:

Fax:

Doctor's stamp:

Date:

/ / (DD/MM/YYYY)

Documentation Checklist

The following checklist provides a summary of key documents we require. Also read what you must do in the 'What is covered' and 'What is not covered' sections of your policy wording for further details.

For All Claims We Need Your

- Proof of your travel dates (e.g. itinerary, eTickets)
- Proof of payment for trip (e.g. receipts, credit card/ bank statements showing payments made)
- Documents confirming refunds provided by travel agency, tour company, airline etc.
- Where applicable: Appropriate certification or licence to perform sport or activity and/or copies of appropriate visas to work in that country

3a - Cancellation or Holiday Rearrangement Costs

- Booking conditions showing breakdown of all trip costs
- Documents confirming refunds provided by travel agency, tour company, airline etc
- Completed Medical or Death Certificate (where cancellation due to medical reasons)
- Letter from transport provider explaining the circumstances of the cancellation/refund and any compensation received
- Airline tickets if not refundable
- Written confirmation from your employer confirming reason for redundancy
- Medical evidence to support sudden illness or injury of close relative

3a - Loss of Reward Points

- Original airline ticket (including cost and points)
- Reward statement showing total points used, any points charged as cancellation & any refund of points

3b - Emergency Travel Arrangements and Accommodation Expenses

- Receipts or other evidence of expenses paid by you
- Evidence from the provider (airline, hotel, bus company) explaining the circumstances of the expenses
- Booking invoice with original pre-paid arrangements
- Police Report showing date detained/ released if, for example, hijacked
- Documentation outlining reason for cancellation

3c - Emergency Luggage

- Proof of ownership of all items
- Property Irregularity Report (PIR)
- Written confirmation from the carrier confirming delay, when your luggage was returned to you and compensation paid
- Original receipts for essential items purchased
- Boarding pass & baggage tags from the carrier who caused your luggage to be delayed

3d - Luggage

- Proof of ownership of all items
- Repair quotes for damaged items
- Report from police and common carrier/service provider/ local authority (e.g. security manager) of theft/damage
- Original receipts for replaced, lost and delayed items
- Property Irregularity Report (PIR)
- Boarding pass, luggage checks & baggage tags from the carrier/ service provider

- ATM, bank, credit card statement or currency conversion slips showing withdrawal of funds
- Proof that IMEI number locked for mobile phones
- Theft of cash - evidence of bank withdrawal, foreign exchange receipts or travellers cheques, postal and money orders
- Evidence of fraudulent use of credit or debit card
- Copy of PMI Policy Schedule (if claiming for prescription glasses or hearing aids)

3e - Replacement of Travel Documents

- Police Report
- Written report from service provider/local authority if responsible for lost documents
- Government documentation (e.g. foreign government agency and passport or consular office reports)
- Receipts or invoice of original travel documents
- Receipts relating to the replacement of travel documents

3f - Rental Vehicle Expenses

- Rental vehicle agreement showing the insurance excess you are liable for
- Receipts/credit card statement for insurance excess payment
- Copy of repair quote/account and proof of payments made or received
- Copy of rental vehicle accident/incident report
- Copy of valid driver's licence to drive the class of vehicle rented
- Copy of rental vehicle insurance policy provided by rental company/agency
- Medical evidence you are unfit to drive

3g - Travel Delay

- Original trip booking invoice itemising breakdown of costs for both original and new booking
- Original and new itinerary
- Copy of used and unused return ticket
- Booking conditions that applied to original trip
- Cancellation fees that would have applied had the original trip been cancelled in full
- Invoice and receipt for new ticket purchase to resume journey
- Evidence of travel delay

3h - Medical and Dental Expenses

- General Practitioner/Dentist Medical Certificate (p8)
- Original medical/dental receipts
- Treating doctor's report
- Hospital admission & discharge reports where relevant
- Letter from dentist with details of emergency treatment provided
- Police Report (if assaulted)
- If a student; evidence of full-time enrolment at time of accident
- Copy of PMI Policy Schedule