

Covid-19 Medical Expenses Claim Form



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

Please return your completed form to:
P.O.BOX 133 PATTAYA POST OFFICE
SOI PASSANI NONG PRUE
BANGLAMUNG THAILAND 20260

or print out, fill in, scan and email to:
claims@thailandcovidinsurnance.com

Personal details

Title Mr Mrs Miss Ms Other

Family name First name

Date of birth N.I number

Address

Daytime tel no. Post code

Email address Evening tel no.

Policy details

Company name If applicable

Policy number Date of issue

Date of booking Destination

Date of travel Date of return

Travel agent Tour operator

Claim details

Onset date of illness or accident. 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: To:

Name of treating doctor

Address of clinic / hospital

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

- a. Policy Certificate / Schedule and / or tour operator's invoice proving insurance cover.
- b. Medical invoice to support details of injury / illness.
- c. Original travel tickets.
- d. In case of death, a photocopy of the Death Certificate.
- e. Original invoices for all other expenses you may wish to claim.
- f. Your EHIC Number.
- g. Any accident report or police report if applicable.

Enclosed

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	<input type="checkbox"/>

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

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 <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input type="checkbox"/>	
	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 <input type="checkbox"/>	No <input type="checkbox"/>	
	Name of Insurer	Policyholder name	Policy number	
Bank Account				

4. Do you hold any Private Medical Insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Name of Insurer	Policyholder name	Policy number	
Bank Account				

5. Do you consider anyone to blame for the incident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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.

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 ERGO Travel Insurance Services Ltd (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 TCI 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 TCI 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 consent to TCI:
 - a. recording, storing and using my personal data in an electronic record of this claim; and
 - b. sharing the record of this claim, including my personal data, with other insurers and interested parties as part of insurance industry anti-fraud initiatives; in accordance with the General Data Protection Regulation.

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

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

Signature of authorised representative

Date

I / We authorise

to act on my behalf in this matter.

Client's signature

Date

Confidentiality and data protection

Consent

We will only use Your personal data when the law allows Us to. Most commonly We will use Your personal data under the following two circumstances:

1. When You gave explicit Consent for Your personal data, and that of others insured under Your Policy, to be collected and processed by Us in accordance with this Data Protection Notice.
2. Where We need to perform the contract which We are about to enter into, or have entered into with You.

How We use Your Personal Data

We use Your personal data for the purposes of providing You with insurance, handling claims and providing other services under Your Policy and any other related purposes (this may include underwriting decisions made via automated means). We also use Your personal data to offer renewal of Your Policy, for research or statistical purposes and to provide You with information, products or services that You request from Us or which We feel may interest You. We will also use Your personal data to safeguard against fraud and money laundering and to meet Our general legal or regulatory obligations.

We collect and process Your personal data in line with the General Data Protection Regulation and all other applicable Data Protection legislation. The Data Controller is TCI. For the purposes of handling claims the Data Processor is TCI.

Special Categories of Personal Data

Some of the personal data You provide to Us may be more sensitive in nature and is treated as a Special Category of personal data. This could be information relating to health or criminal convictions, and may be required by Us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for Us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes as set out in this notice.

Sharing Your Personal Data

We will keep any information You have provided to Us confidential.

We will share Your information if We are required to do so by law, if We are authorised to do so by You, where We need to share this information to prevent fraud.

We may transfer Your personal data outside of the European Economic Area ("EEA"). Where We transfer Your personal data outside of the EEA, We will ensure that it is treated securely and in accordance with all applicable Data Protection legislation.

Your Rights

You have the right to ask Us not to process Your personal data for marketing purposes, to see a copy of the personal information We hold about You, to have Your personal data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask Us to provide a copy of Your personal data to any controller and to lodge a complaint with the local data protection authority.

The above rights apply whether We hold Your personal data on paper or in electronic form.

Your personal data will not be kept for longer than is necessary. In most cases this will be for a period of seven years following the expiry of the insurance contract, or Our business relationship with You, unless We are required to retain the data for a longer period due to business, legal or regulatory requirements.

Further Information

Any queries relating to how We process Your personal data or requests relating to Your Personal Data Rights should be directed to:

P.O.BOX 133 PATTAYA POST OFFICE
SOI PASSANI NONG PRUE
BANGLAMUNG THAILAND 20260

Tel: +1 806 5764165

Email: claims@thailandcovidinsurance.com

Settlement by BACS

For your convenience and to offer an efficient smoother service, we would like to pay any claim settlement due directly into your bank account. Please provide ALL your details on this form as requested below, remembering to sign and date also.

If you do not wish to provide your bank details, any settlement due on your claim will be issued by cheque and may take a little longer to process.

You will receive an email from us to confirm when this payment has been made.

Your details	
Name of Claimant	
Email Address Where we will send confirmation of payment	

Bank account details	
Name of Payee This should be the same as held on the bank account	
Bank Name	
Bank Address inc. Country and Postcode	
Bank Account Number	
Sort Code	

If your bank account is held abroad, please also enter the following details:	
IBAN/BIC number	
Swift Code	

Signed

Date

D	D	M	M	Y	Y	Y	Y
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IMPORTANT: We do not accept liability for any errors due to the incorrect bank details being provided by you.

PLEASE CHECK ALL DETAILS PRIOR TO SUBMITTING YOUR CLAIM.