Non-Medical Options

Claim Form for e-claiming

Please submit this claim form along with your bills to: traveleclaim@ihi.com

Personal data of policyholder

First name(s) | Sex (M/F)

Family name(s)

Date of birth (day/month/year) | Policy number | -

Address

City | Postal Code

State

Country

Telephone

Fax

E-mail

Travel Period

From (date/month/year) | **To** (date/month/year)

Information about the trip

Purpose of the trip ◯ Leisure ◯ Business ◯ Combined

Travel destination

Date of departure (day/month/year) | Scheduled date of return (day/month/year)

Please enclose a copy of the travel documentation

Information regarding the claim

The claim relates to ◯ Fire ◯ Theft/burglary/robbery ◯ Personal liability ◯ Security and legal aid ◯ Hospital daily benefit ◯ Flight delay ◯ Personal accident

Where and when did the incident occur?

Place

Date (day/month/year) | Time

Description of the course of the event

Witnesses

Name and address of witnesses who can confirm the course of the event

Name

Address

Telephone

Name

Address

Telephone

Police report

Has the claim been reported to the police or other local authorities? ◯ Yes ◯ No

Please attach a copy of the full report

If not please state why

Please continue on next page

ihi Bupa • Customer Service • 8 Palaegade • DK-1261 Copenhagen K • Denmark • Tel: +45 33 15 30 99 • Fax: +45 33 32 25 60 • Email: ihi@ihi.com • www.ihi.com
Medical Centre: +45 33 15 33 00 / Email: emergency@ihi.com

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Bupa Insurance Limited is authorised and regulated by the Financial Services Authority (UK)

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Theft/burglary/robbery

Where was/were the object(s) kept?

Was/were the object(s) kept in a locked place? ◯ Yes ◯ No Were there any visible signs of forced entry? ◯ Yes ◯ No

If yes, please give a description

Theft from a car

Where in the car was/were the stolen object(s) placed? ◯ The cabin ◯ Separate compartment ◯ Other

Was there any damage to the car? ◯ Yes ◯ No

If yes, please give a description

Registration number of the car

Make of the car

Insurance company

Policy number

Name of rental company if applicable

List of stolen items

Stolen items	Date of purchase (month/year)	Currency	Price of purchase	Claimed amount

Flight delay

For delays of more than 5 hours due to flight delay, cancellation or overbooking of the scheduled flight, please attach a copy of:

1) Confirmation from the airline company as to the cause of the delay
2) Receipts for local transportation, meals and/or accomodation

Security and legal aid

Please attach a copy of the bail notification and/or the court summons and/or the travel expenses to attend the court hearing

Daily hospital benefit

Please attach a copy of the hospital record showing the duration of your admittance.

Personal accident

Please attach a copy of the full medical documentation relating to the accident.

Medical information

Please note that in order to process your claim we must receive copies of the medical statement/journal from the treating doctor and/or hospital

Other insurance

Do you have insurance cover with another company? ◯ Yes ◯ No

Name of insurance Company

Address

City Postal Code

Country

Has the claim been reported to the other company? ◯ Yes ◯ No

Please continue on next page

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Payment method

The amount should be reimbursed to: ◯ Policyholder

◯ Other

The amount should be reimbursed in the following currency

◯ **Please transfer reimbursement to the following credit card**

◯ Eurocard / Mastercard ◯ Visa ◯ JCB

Card no.

Expiry date (month/year)

◯ **Please transfer reimbursement to the following account**

Name of bank

Address

BIC / S.W.I.F.T. Code / ABA, if any

IBAN

Account no.

Account holder

◯ **Please send a cheque to the following address if different from page 1**

Payee

Address Postal Code

City

State

Country Currency

If no choice of reimbursement method has been made, ihi Bupa will send a cheque.
Your choice of reimbursement method cannot be changed after the claim has been processed.

Submit by e-mail

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