

MEDICAL EXPENSES CLAIM FORM

Claim Reference

Please complete this form and return it with all relevant documentation to the above address.

Please do not hesitate to call if you have any queries.

A. PERSONAL DETAILS

Date of Birth :

Occupation :

Telephone :

Hours of Contact :
(at above number)

B. INSURANCE DETAILS

Policy Name :

Date Trip originally Booked :

Travel Dates : From..... To

Name of Travel Agent, If any :

Name of Tour Operator, if any :

Hotel Accommodation details : Resort..... Country.....

Do you have Private Medical Insurance? YES/NO

if YES, please give details.....

C. MEDICAL AND EMERGENCY EXPENSES/HOSPITAL BENEFIT

Date of Injury/Onset of Illness :

Place of Injury/Illness :

Details of Injury/Illness :

Circumstances of Accident (if applicable) :

Have you suffered from the same/similar condition before? YES/NO

If YES, please ask your usual doctor to complete the attached medical certificate.

PLEASE NOTE:

Any charge made by a doctor for medical reports must be paid by the claimant

If hospitalised, please state dates, Admitted..... Discharged

Were you in possession of a valid E111* form ? YES/NO

(* For travellers in the E.C. only)

If NO, please provide your National Insurance Number

Please sign to give SAS authority to use your E111.

Signature

Date of Treatment :
Amount Claimed :
Expenses Claimed :

Total Amount Claimed :

Please continue on a separate sheet if there is insufficient space. Please mark all documents with your claims reference.

State to whom settlement should be paid

THE FOLLOWING ORIGINAL DOCUMENTS MUST BE SENT WITH YOUR CLAIM FORM FOR CLAIM PROCESSING

Item	Enclosed
1. Your original holiday/flight confirmation and/or receipt or deposit receipt	YES/NO
2. Your certificate of Insurance	YES/NO
3. Your travel tickets	YES/NO
4. Hospital, Doctor, Chemist, Dentist receipts for amounts claimed (Non-UK only)	YES/NO
5. Receipts for additional travel and/or accommodation expenses (if applicable)	YES/NO
6. Confirmation of In-patient treatment for hospital benefit claim	YES/NO
7. Any other relevant documentation to support your claim	YES/NO

DECLARATION

I declare that to the best of my knowledge all particulars contained in this form are true and correct.

Signed

Date