



IMPORTANT NOTES

Please return this form with the original invoices, receipts, quotations, medical reports and death certificates to:

Elmo Insurance Ltd, Abate Rigord Street, Ta' Xbiex XBX1111, Malta.

Ensure that block capitals are used and that all sections of the claim form are fully completed to minimise any delays in handling your claim.

If you have any queries when completing this form please call us on 2343 0000 or email us on generalclaims@elmoinsurance.com.

1. POLICY HOLDER'S DETAILS

Policy number Mobile number
 Name and surname Telephone number
 ID / Passport number Email address

2. DETAILS OF CLAIMANT

Name and surname ID / Passport number
 Address
 Mobile/
 Telephone number Date of Birth
 Occupation Email address

3. OTHER CLAIMANTS (IF APPLICABLE)

Should a claim involve various claimants, please complete the information hereunder for each claimant.

Name	ID / Passport Number	Tel / Mob Number	Occupation
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4. JOURNEY DETAILS

Date of departure Date of return
 Destination / Countries
 Purpose of journey Business Holiday Other (please specify)

5. GENERAL QUESTIONS

1. Do you have any other travel insurance in force? Yes No

If 'yes', please specify name of insurer and policy number.

2. Have you previously claimed under travel policy? Yes No

If 'yes', please specify give details of claim.

6. PERSONAL ACCIDENT / MEDICAL AND EMERGENCY TRAVEL EXPENSES

Date of injury / illness

Place of injury / illness

Give full description and details of the injury / illness.

Hospital details

Doctor's Name

Details of expenses being claimed	Amount
	€
	€
	€
	€

Do you hold any medical insurance cover?

If yes, please specify name of insurer and policy number.

Yes

No

7. CANCELLATION, CURTAILMENT AND CHANGE OF ITINERARY

Date of injury / illness

Please give reasons for cancellation/curtailment

Please state the amount paid in respect of airline tickets(excluding taxes) and other non-refundable deposits €

If the reason for cancellation/curtailment relates to illness, accidental bodily injury or death of a close relative, please complete the following:

Name, surname and ID number of sick/injured person

Relation to the claimant

When were the first symptoms of illness/injury noticed

If your baggage is lost, damaged or delayed whilst in transit, please attach report from carrier, airline ticket and long baggage tag, boarding pass and small tags.

8. PERSONAL LIABILITY / EXCESS FOR VEHICLE RENTAL

Date, time and place of incident :

Please explain how the incident occurred:

Detail of third party damages and bodily injuries

Name & Surname

Telephone No.

ID / Passport No.

Address

9. PERSONAL MONEY, LOSS OF PASSPORT AND / OR BAGGAGE

Date of occurrence Time : Place

In case of loss or theft, please explain in detail how the incident occurred.

Have you reported the incident to the police? Yes No Have you reported the incident to the airline? Yes No

Police Station

Airline

Date and time reported

Date and time reported

Police report number

PIR number

PERSONAL MONEY

Description, value, currency of money taken abroad for your trip (attach evidence).

Description, value, currency of money lost or stolen (attach evidence).

What financial arrangements did you make to enable you to carry on your trip following the loss (attach evidence)?

Total amount claimed €

LOSS OF PASSPORT

If you lose your passport whilst abroad and you necessarily incur additional travel and accommodation expenses, please attach the original receipts for the amounts being claimed.

PERSONAL BAGGAGE - Details of damaged items

Description of lost, stolen or damaged property(including make and model) or items bought as emergency expenses	Date of purchase	Purchased from	Purchased Price	Cost to replace
		€	€	€
		€	€	€
		€	€	€
		€	€	€

10. TRAVEL DELAY / MISSED DEPARTURE

Date and time of the original departure

Flight Number

Date and time of rescheduled departure

Flight Number

Reason for the delay

Please attach the written confirmation notice from the carrier, confirming the reason of the delay and the number of hours.

11. DATA PROTECTION STATEMENT

Elmo Insurance Limited is committed to protect the security of your personal data and to ensure that your rights according to the Data Protection Legislation are safeguarded. You may access our Data Protection Notice through the following link: www.elmoinsurance.com/online-security.

12. DECLARATION

I confirm that I have read and understood the Data Protection Notice.

I declare that to the best of my knowledge and belief, the statements and information provided by me in this form are true, accurate and complete and that I have not withheld any material information from Elmo Insurance Limited. I understand that if any information provided by me in this claim form is incorrect or incomplete or if I fail to disclose any material information, Elmo Insurance Limited may repudiate this claim.

I also agree that any person filling in this claim form on my behalf shall for that purpose be regarded as my representative and not as a representative of Elmo Insurance Limited and that in such case, I remain fully responsible for the correctness and accuracy of the answers provided in the form.

I understand that Elmo Insurance Limited needs to process personal data concerning me or any other person insured or to be insured under the policy or who may claim under the policy, including personal data concerning health, in order to process, handle and/or settle this claim and I declare that I have no objection to such processing of personal data by Elmo Insurance Limited. I consent to the provision of any or all medical records relating to me or any or any other person insured or to be insured under the policy or who may claim under the policy to Elmo Insurance Limited as may be required for the purpose of the processing, handling or settlement of this claim. Consequently, I authorise any institution or person (including but not limited to doctors, nurses, surgeons, therapists, hospitals, clinics, laboratories and any other healthcare professional) to provide Elmo Insurance Limited with any information, including full medical records, reports or notes concerning me or any other person insured or to be insured under the policy or who may claim under the policy, in order for the validity of this claim to be established. Furthermore I authorise Elmo Insurance Limited to obtain from and/or share with other insurers and insurance intermediaries personal data concerning me or any other person insured or to be insured under the policy or who may claim under the policy, including personal data concerning health, in order to prevent, detect and/or suppress insurance fraud.

Name & Surname of claimant (in block letters).

Signature

Date