

# NON-MEDICAL OPTIONS

Theft/burglary/robbery/fire, Personal liability, Security and legal aid, Hospital daily benefit, Flight delay, Personal accident

Claims regarding Registered baggage please see other claim form



## Claim Form

Mac users should open the claim form in Adobe Reader in order to get the full functionality.

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												
Mobile phone												
Fax												
E-mail												

Information about the trip											
<b>Purpose of the trip</b> <input type="radio"/> Leisure <input type="radio"/> Business <input type="radio"/> Combined											
Travel destination											
Date of departure (day/month/year)				Scheduled date of return (day/month/year)							
<b>Please enclose a copy of the travel documentation including departure date from country of permanent residence</b>											
<b>Travel Period</b>											
From (date/month/year)				To (date/month/year)							

Information regarding the claim											
<b>The claim relates to</b> <input type="radio"/> Theft/burglary/robbery/fire <input type="radio"/> Personal liability <input type="radio"/> Security and legal aid <input type="radio"/> Hospital daily benefit <input type="radio"/> Flight delay <input type="radio"/> 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											

289E6-56\_WTO\_ENG\_Claim\_Form\_Non\_Medical\_Option





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Payment method	
The amount should be reimbursed to: <input type="radio"/> Policyholder <input type="radio"/> Other	
Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Postal Code	<input type="text"/>
<i>If no choice of reimbursement method has been made, Bupa Global Travel will send a cheque. Your choice of reimbursement method cannot be changed after the claim has been processed.</i>	
The amount should be reimbursed in the following currency <input type="radio"/> USD <input type="radio"/> CHF <input type="radio"/> EUR <input type="radio"/> GBP	
<b>If you wish transfer of reimbursement to a credit card, please <u>do not</u> use this claim form. For security reasons go to <a href="http://global.ihl.com/Claims+picker.aspx">http://global.ihl.com/Claims+picker.aspx</a> and submit a claim online.</b>	
<input type="radio"/> <b>Please transfer reimbursement to the following account</b>	
Name of bank	<input type="text"/>
Address	<input type="text"/>
BIC / S.W.I.F.T. Code / ABA number	<input type="text"/>
IBAN	<input type="text"/>
Account no.	<input type="text"/>
Account holder	<input type="text"/>
<input type="radio"/> <b>Please send a cheque to the following address if different from page 1</b>	
Payee	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Postal Code	<input type="text"/>

Page 4 - Submit by email

Please submit this claim form along with the attached documentation to: [traveleclaim@ihl.com](mailto:traveleclaim@ihl.com)

If you prefer post, please print the form and send it along with the attached documentation to the address below

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