Medical Emergency and Travel Expenses Claim Form

GlobeCover Personal Accident & Travel Insurance

The claimant should complete and sign this form. If the claimant is under 18 years of age, this form should be completed by one of their parents or legal guardians. If the claimant is unable to complete this form, the person completing and signing this form should give their details in the Declaration on page 4.

PART 1 – DETAILS OF THE INSURED

Details of the policyholder (insured company)

Policy number

Name of the company

Address

Postcode Country

Does the claimant work at this address? Yes No

If not where does the claimant work? (Please name branch/ subsidiary and location)

If you claim as a company representative (HR, Finance, etc) please provide your details

Full name

Position

Telephone number

Email address

Is this claim payable direct to the company? Yes No

Details of the claimant (sick or injured person)

Full name

Address

Postcode Country

Telephone number

Email address

Date of birth

Occupation

Relationship to policyholder

Employee Spouse of an employee Visitor

Contractor Child of an employee Other (please state)

If the claimant is a spouse or child of an employee, please provide the name of the employee

PART 2 – DETAILS OF THE CLAIM

Details of the trip

Travel destination	From		To	
Scheduled dates of the trip	From		To	
Travel order number (if applicable)				

Reason for travel	Business trip	Leisure	Long term secondment
Country where loss occurred			

Medical expense details

Details of injury or illness		
Time and date the injury or illness occurred		
Location where injury or illness occurred		
Name and address of the treating medical professional		
Did you contact the assistance company?	Yes	No
If yes, please provide a reference number		
Have you been hospitalised?	Yes	No
If yes, give dates and details of the treating hospital		
Have you suffered from the injury or illness before?	Yes	No
If yes, please provide dates		
Are the expenses you are claiming insured by another company?	Yes	No
If yes, please provide the policy number, name of the insurer and their address		
Have you had any previous claims on this type of insurance?	Yes	No
If yes, please provide details		

EXPENSES CLAIMED:

Item	Description of expense	Name of bill issuer	Amount	Has the bill been paid? (YES/NO)
		Total		

Exchange rate used		Total amount claimed	

PART 4 - HOW WE USE PERSONAL INFORMATION

We are committed to protecting the privacy of customers, claimants and other business contacts.

"**Personal Information**" identifies and relates to you or other individuals (e.g. your dependants). By providing Personal Information you give permission for its use as described below. If you provide Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by you. Personal Information may be used for the following purposes:

Insurance administration, e.g. communications, claims processing and payment
Decision-making on provision of insurance cover and payment plan eligibility
Assistance and advice on medical and travel matters
Management and audit of our business operations
Prevention, detection and investigation of crime, e.g. fraud and money laundering
Establishment and defence of legal rights
Legal and regulatory compliance, including compliance with laws outside your country of residence
Monitoring and recording of telephone calls for quality, training and security purposes
Marketing, market research and analysis

To opt-out of marketing communications contact us by e-mail at: postmaster.ie@aig.com or by writing to: Customer Service Team, AIG Europe Limited, Ireland Branch, 30 North Wall Quay, International Financial Services Centre, Dublin 1, Ireland. If you opt-out we may still send you other important communications, e.g. communications relating to administration of your insurance policy or claim.

Sharing of Personal Information - For the above purposes Personal Information may be shared with our group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers (i.e Insurance Link, and Claims and Underwriting Exchange (CUE), and shared with other insurers. We may search these registers to detect and prevent fraud. Details on how Insurance Link operates can be found at http://info.insurancelink.ie and CUE at http://www.insurancedatabases.co.uk. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer - Due to the global nature of our business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in your country of residence.

Security and retention of Personal Information – Appropriate legal and security measures are used to protect Personal Information. Our service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

Requests or questions - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: postmaster.ie@aig.com or write to the Data Protection Officer, AIG Europe Limited, Ireland Branch, 30 North Wall Quay, International Financial Services Centre, Dublin 1, Ireland. More details about our use of Personal Information can be found in our full Privacy Policy at http://www.aig.ie or you may request a copy using the contact details above.

PART 5 - DECLARATION

I declare that the whole of the statements made and any other supplementary statements forming part of this claim are true in every respect and understand that a false declaration may invalidate my claim and could result in prosecution.

I give permission for my personal information to be used and shared in the ways described above. I confirm that I will not provide any personal information about another person without that person's permission.

Signed	
Date	

Details of the person completing the form (if not the claimant)

Full name	
Telephone	
Email	
Relationship to claimant	
Reason for completing the form on behalf of the claimant	

Please include the following documents

Medical reports and certificates issued by the treating doctor

Invoices for all expenses claimed

If applicable a copy of your E-HIC or national insurance card

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY.

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are scanned and emailed or posted to us.

Email Globecoverclaims.ie@aig.com

Post GlobeCover Claims, AIG Europe Limited, 30 North Wall Quay, International Financial Services Centre, Dublin 1, Ireland

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