Trip Cancellation

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

Nature of the trip ◯ Aeroplane ◯ Ship ◯ Bus ◯ Train ◯ Other

Travel destination

Name of travel agency

Address

City Postal Code

State

Country

Telephone

Fax

E-mail

Information regarding the claim

The claim relates to ◯ Illness ◯ Injury ◯ Death

Date of the event causing the cancellation (date/month/year)

State the person suffering the illness, injury or death

First name(s) Sex (M/F)

Family name(s)

Date of birth (day/month/year)

State your relationship to the person suffering the illness, injury or death ◯ Family member ◯ Travel companion

Describe the course of the illness/injurydeath

Diagnosis

Cause of death

Date of death (day/month/year)

Medical information

For cases of illness or injury suffered by the policy holder, 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 clearly stating the reason why the patient is not fit to travel

Authorisation to obtain medical information

I hereby give Bupa Denmark, filial af Bupa Insurance Limited, England, permission to seek and exchange any information from treating doctors and hospitals concerning my/our state of health as the Company deems necessary ◯ Yes ◯ No

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

ihi Bupa is a trading name of Bupa Insurance Limited. Registered in England No. 3956433. Registered office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA, UK
Bupa Insurance Limited is authorised and regulated by the Financial Services Authority (UK)

Trip Cancellation

Claim Form for e-claiming

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

Travel companions cancelling the same trip

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

Specification of expenses - please attach copies of travel documentation

Did the travel agency reimburse your claim? ◯ Yes ◯ No

Cost of the cancelled travel

Amount reimbursed by the travel agency

Claim amount

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

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

ihi Bupa is a trading name of Bupa Insurance Limited. Registered in England No. 3956433. Registered office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA, UK
Bupa Insurance Limited is authorised and regulated by the Financial Services Authority (UK)

Trip Cancellation

Claim Form for e-claiming

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

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 me a cheque**

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

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

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

ihi Bupa is a trading name of Bupa Insurance Limited. Registered in England No. 3956433. Registered office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA, UK
Bupa Insurance Limited is authorised and regulated by the Financial Services Authority (UK)