

TRIP CANCELLATION



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			

Travel Period

From (date/month/year)		To (date/month/year)	
Date of booking (date/month/year)			
Date of purchase of trip (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

State

Country

Telephone

Fax

E-mail

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Specification of expenses - please attach copies of travel documentation

Did the travel agency, airline, etc. reimburse you part of your claim? Yes No

If no, please explain why:

Cost of the cancelled travel	<input type="text"/>	Currency	<input type="text"/>
Amount reimbursed by the travel agency, airline, etc.	<input type="text"/>	Currency	<input type="text"/>
Claim amount	<input type="text"/>	Currency	<input type="text"/>

Other insurance

Do you have another insurance with Bupa Insurance limited? Yes No

If yes, please indicate policy number

Do you have trip cancellation insurance cover with another insurance company or with a credit card provider? Yes No

Name of insurance Company or credit card provider

Address

City Postal Code

Country

Policy number or credit card number

Has the claim been reported under other cover? Yes No

If no, please state why:

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