TRAVEL – MEDICAL & CURTAILMENT FORM
(Please return this form to your Insurance Broker or claims@oak-underwriting.com)

OAK
PART OF THE RSA GROUP

Details of the Policy Holder and Policy:

Name:	
Address:	
Post Code:	
Telephone Number:	
Work Telephone Number:	
Email Address:	
Date Of Birth:	
Policy Number:	
Renewal Date:	

Planned Travel Dates:

Outward Journey Date/Time:	
Return Journey Date/Time:	
Country:	
Destination:	

Name of persons claiming under this insurance:

1)	
2)	
3)	
4)	
5)	
6)	

Required Documentation:

Please send the following documentation (where relevant) in order to prevent any delays on your claim.

- Medical pre-screening confirmation (if applicable)
- Holiday booking invoice showing the date the holiday/trip was booked, who was booked to travel, the travel dates, the destination and the amounts paid.
- All medical receipts and invoices.
- Medical report from the treating doctor.
- The Medical Certificate completed by the usual GP.
- **Winter Sports:** Written confirmation from the treating doctor that your were unable to use the remaining proportion of your ski pack.
- **Winter Sports:** Original receipts/invoices for the ski pack items showing how many days you were booked for and the amount paid.
- **Curtailment:** The tour operators report into the incident which caused the curtailment.
- **Curtailment:** Any flight tickets/boarding passes etc.. Which confirms the return journey home.

Details of claim:

Please confirm the nature of the injury/illness/accident:	
Date of injury/illness/accident:	
Place of injury/illness/accident:	
If you are claiming because of illness – Have you previously suffered from this condition?	Yes / No
Were you admitted as a hospital inpatient:	Yes / No
If so, Date admitted:	
Time admitted:	
Date discharged:	
Time discharged:	
Were any of your party or family required to attend to you whilst in hospital?	Yes / No

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How were you transported to hospital?	
Approximate distance between hospital and resort:	
Were the medical assistance company contacted?	Yes / No
If "Yes" please confirm date & time:	
And the reference:	
If "No" please confirm why:	

Medical accounts already paid:

Description	Amount paid	Date paid:	Did you use a EHIC?
	£		Yes / No
	£		Yes / No
	£		Yes / No
	£		Yes / No
	£		Yes / No
Total	£		

Outstanding medical accounts still awaiting payment:

Description	Invoice amount:
	£
	£
	£
	£
	£
Total	£

Do you expect any further medical invoices?	Yes / No
If "Yes" please provide details:	

Additional return home/transport costs (If applicable)

Description	Amount paid:
	£
	£
	£
	£
	£
Total	£

Ski pack costs (If applicable)

Ski Pass:	From:	To:	£
Ski/Equipment Hire:	From:	To:	£
Ski Lessons:	From:	To:	£
		Total	£

Curtailment Claims only:

Date you were advised to curtail your trip:	
Who advised that curtailment of your trip was necessary:	

Names of people claiming under this insurance:

1)	
2)	
3)	
4)	
5)	
6)	

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Is there any other insurance in force on the loss claimed for?	Yes / No
If "Yes" Name and address of insurer:	
Policy/Reference Number:	
Bank Details:	
Account Name:	
Account Number:	
Sort Code:	
Name of Bank:	

I/We declare that to the best of my knowledge and belief all information provided is correct. I understand that some of the information I have provided will be made available to other insurers for claim handing purposes. I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the giving of such information. I agree that I will supply all requested, necessary documents in support of my claim at my expense.

Date:	Signature(s):

Additional Information: