



Travel Insurance

Boots Travel Claims

PO Box 60108

London

SW20 8US

Tel: 0845 125 3820

Fax: 0870 130 1950

Dear Sir/Madam,

Further to your request we are pleased to attach a claim form.

We would ask that you read this through and complete all sections. Should you require additional space, please use a blank sheet of paper.

Please note that the form requests specific information to be submitted with your claim, and we would ask that you supply all original documentation. If you are unable to supply certain documents, please provide an explanation as to the reasons. Depending upon the circumstances of your claim, it may be necessary for us to request further information from you. Please note that we are unable to accept photocopied documents.

Upon completion, please sign the claim form and return it to:

Boots Travel Claims Department
PO Box 60108
London
SW20 8US

Your insurance is underwritten by Chartis Insurance UK Limited which is authorised and regulated by the Financial Services Authority (FSA no. 202628). Prior to 1 December 2009, Chartis Insurance UK Limited was known as AIG UK Limited.

Travel Guard provides claims handling services on behalf of Chartis Insurance UK Limited and is also a provider of medical and non-medical travel assistance services. Travel Guard is a trading name of Travel Guard EMEA Limited (formerly AIG Travel Assist International Limited). The change of name makes no difference to your insurance cover or any claims you may make.

We look forward to hearing from you.

Yours faithfully,
Boots Travel Claims Department

Travel Insurance Claim Form.

Travel Claims Department

PO Box 60108, London, SW20 8US

Date Sent:

Claim Ref:

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Please answer all the questions contained in this claim form, leaving items blank, using ticks, dashes and N/A may make it necessary for us to return your claim forms or lead to us asking unnecessary questions thus delaying the processing of your claim.

Personal Details - Required for all Claims

Mr/Mrs/Miss/Ms	<input type="text"/>	Home Address	<input type="text"/>	
Surname	<input type="text"/>		<input type="text"/>	
Forenames	<input type="text"/>		<input type="text"/>	
Date of Birth	<input type="text"/>		<input type="text"/>	
Occupation	<input type="text"/>	Postcode	<input type="text"/>	
National Ins No.	<input type="text"/>	Home Tel.	<input type="text"/>	Work Tel. <input type="text"/>
Nationality	<input type="text"/>	Email	<input type="text"/>	

Policy and Holiday Details

Policy Number	<input type="text"/>		
Date Issued	<input type="text"/>		
Travel Booking Reference	<input type="text"/>		
Travel Agent / Tour Operator	<input type="text"/>		
Date of Booking Holiday	<input type="text"/>	No. in Party	<input type="text"/>
Depart Date	<input type="text"/>	Return Date	<input type="text"/>
Total Days	<input type="text"/>		
Destination Country	<input type="text"/>		

Type and Amount of Claim

Policy Benefit	Amount Claimed	Policy Benefit	Amount Claimed
Cancellation or Curtailment	<input type="text"/>	Loss of Passport	<input type="text"/>
Medical Expenses	<input type="text"/>	Hijack	<input type="text"/>
Hospital Benefit	<input type="text"/>	Additional Options	
Mugging Benefit	<input type="text"/>	Ski Equipment	<input type="text"/>
Personal Accident	<input type="text"/>	Ski Hire	<input type="text"/>
Personal Belongings	<input type="text"/>	Ski Pack	<input type="text"/>
Personal Money	<input type="text"/>	Piste Closure	<input type="text"/>
Personal Public Liability	<input type="text"/>	Other	<input type="text"/>
Travel Delay	<input type="text"/>	Total Amount Claimed	<input type="text"/>
Missed Departure	<input type="text"/>	Important Note: Some of these benefits may not be available depending on the policy you hold.	
Legal Expenses	<input type="text"/>		

How we use your information

Information which you supply to us, including sensitive information relating to health or medical condition, may be used in a number of ways, for example:

- to assess and process your claim
- to prevent crime (including fraud and money laundering)
- for audit, record keeping, statistical analysis and optional customer satisfaction surveys
- to comply with any legal requirement on us or other companies in our group
- to make decisions about you and other people when selling insurance

We may share information with our contractors (including service providers), agents and other international group companies for these purposes. Information may be put on a register of claims and shared with other companies, including insurers, for fraud prevention. We will share information with other third parties if required to do so by law.

We may transfer your information outside of the European Economic Area ("EEA") for the above purposes, including for secure electronic storage. Whenever we transfer or share information outside, or inside, the EEA we ensure that it is protected.

If you give information to us about another person, you will obtain that person's permission beforehand to provide the information and for us to use it as described above.

You can obtain further information by writing to our Data Protection Officer by e-mail to DataProtectionOfficer@Chartisinsurance.com or by post to Data Protection Officer, Chartis Insurance UK Limited, The Chartis Building, 58 Fenchurch Street, London EC3M 4AB.

CLAIMS DECLARATION

- I / WE GIVE PERMISSION FOR MY / OUR PERSONAL INFORMATION TO BE USED AND SHARED IN THE WAYS DESCRIBED ABOVE.
- I / WE CONFIRM THAT I / WE WILL NOT PROVIDE ANY PERSONAL INFORMATION ABOUT ANOTHER PERSON WITHOUT THAT PERSON'S PERMISSION, AND THAT WHERE A CLAIM IS MADE ON BEHALF OF THAT PERSON, I / WE HAVE THEIR EXPLICIT AUTHORITY TO ACT AND RECEIVE ANY PAYMENT ON THEIR BEHALF.
- I / we declare that all the information given in respect of the claim(s) is to the best of my / our knowledge and belief, full, true and correct, and that no material information has been omitted which would affect the assessment of the claim(s) by the insurer(s).
- I / we understand that if I / we give information that is incorrect or incomplete you and / or the insurer(s) may take action against me / us, including court action.
- I / we know it is a CRIMINAL offence to defraud, or attempt to defraud an insurer and that by doing so I / we may be prosecuted.
- I / we give my / our authority to you to contact my / our household insurers, medical insurers, DSS or other insurers / third parties regarding a contribution.

I / we have read and fully understand the declarations above (ALL persons claiming must sign below).

Claimants Name	Claimants Signature	Date of Birth	Dated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

