



**Travel Claim Form  
Medical Expenses/  
Curtailment and Repatriation**

**GUIDANCE NOTES – MEDICAL EXPENSES, CURTAILMENT AND REPATRIATION**

Please Make a Note of Your Claim Reference

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions.

You should read and sign the declaration and refer to the guidance notes below for details of what we require.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

Please return the completed claim form to:

Towergate Travel  
PO Box 1392  
Preston  
PR2 OXE

Thank you for your co-operation.

**ALL CLAIMS, we require the following documentation**

- The Tour Operator’s or Service Providers Booking Invoices and travel tickets confirming the Period of Travel.
- A copy of your Policy Document.
- Except in the case of minor illness or injury, the medical certificate on the back page of this claim form will be required. This should be completed by the medical practitioner of the ill/injured/deceased person. Where this is not completed, we reserve the right to require its completion at a later stage. The charge made for completing this form cannot be claimed back under your insurance policy, so we would encourage you to discuss the cost with your GP before requesting its completion.
- If the claim arises from the death of any person, a certified copy of the death certificate should be provided.

**Medical and Repatriation Expenses**

- Invoices from service providers showing charges made against you, together with receipts you received confirming payment.
- If you returned earlier or later than planned, you should submit medical certificate issued by the doctor who treated you abroad showing that this was necessary on medical grounds.
- If you received treatment in an EEC Country, you should submit a completed EHIC form which can be obtained from your local Post Office. You must also complete and sign the disclaimer section below.

**Curtailment**

The medical certificate issued by the doctor who treated you abroad, showing the medical need to return home earlier than planned

**Check List**

The following is provided for your convenience to enable you to check that you have sent the appropriate information to us.

Booking Invoice

Claim Form

Medical Certificate obtained abroad

Death Certificate

Policy Document

Travel Tickets

Doctors Report completed

Expenses Receipts

EHIC

When you purchased your insurance, did you contact the Towergate Med-screen Service to declare any medical conditions you have or have had? If so can you please provide the Medical Screening Reference and Documents.

Date Claim Form Posted to us

Policy Number  Date Insurance Purchased

Insurance Issued by (Agents name and Address)

Insured's Forename  Surname  Title  D.O.B.

Address

Occupation  Email

Telephone No.

Purpose of Trip: BUSINESS  PLEASURE

Date Trip Booked  Date of Departure  Date of Return

Name of injured/ill person  Date of Birth

Nature of injuries/illness  Date of Accident/  
Commencement of illness

Place of accident/illness (country)  Resort

Circumstances of Accident/Illness

If Hospitalised, Name and Address of Hospital

Date Admitted  Time  Date Discharged  Time

How were you conveyed to hospital? HELICOPTER  AMBULANCE  TAXI  OTHER (explain)

Did you return home earlier than planned? Yes  No  If Yes, on what date?

Are you claiming for any unused accommodation or travel? Yes  No

If Yes, please give details

Did you contact the assistance company Towergate Assistance? Yes  No

If Yes, please confirm date

Have you made any previous claims under this or any other insurance? Yes  No

If Yes, please give details

Names of all who are claiming

1	D.O.B	2	D.OB.
3	D.O.B	4	D.O.B
5	D.O.B	6	D.O.B
7	D.O.B	8	D.O.B.

**IMPORTANT NOTICE** No settlement can be made if invoice documents are not provided for our inspection.  
 If Invoices are unpaid and require direct settlement with the service provider please give name(s) and address(es) of payee(s) below.

Date expense incurred	Description of Invoice (e.g. Doctors Fee, Taxi, etc.)	Full Name/Address of Payee if direct settlement required	Was an EHIC presented? Yes/No	Amount of Bill and Currency	Paid by you? Yes/No

**DISCLAIMER**

**The following should be completed and signed by those who incurred medical expenses in an EEC country**

I hereby consent to Insurers seeking reimbursement of medical expenses paid by them out of medical treatment received in

(Country)  from an illness/injury which commenced on (date)

Signed  Date

**Do you have any other insurance that might cover you for cancellation charges (e.g. Private Health, other Travel Insurance or Packaged Bank Account Insurance)?** Yes  No

If Yes, please provide Insurance Company Name

Policy Number  Address

Type of Insurance

**DECLARATION**

I/We understand that in handling this claim, Towergate Travel (a trading name of Towergate Underwriting Group Limited) will act on behalf of the Insurer(s) and that I/we confirm our informed consent to the claim being handled on this basis. I understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. I confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

**You must read the declaration before signing**

Signed

Date

**DOCTOR'S REPORT**

Name of Person to whom this report refers (the Patient)

Are you the patient's practitioner? Yes  No  How long have you acted in this capacity for?  yrs

What is the precise nature of the condition, illness or injury?

When were you first consulted about this condition

Date condition was diagnosed?  Date patient was advised to curtail their trip?

Has the patient suffered from the same or a similar condition in the past? Yes  No

If Yes, please provide date(s) of previous treatment(s) (Please attach a separate sheet if necessary)

At the time of purchasing insurance, did the patient comply with all of the below relating to the condition which curtailed their trip?

- a) Travel against the advice of a medical practitioner? Yes  No
- b) On prescription medication? Yes  No
- c) Been given a terminal prognosis? Yes  No
- d) Travelling for the purpose of obtaining medical treatment Yes  No
- e) Had a medical condition to which required periodic review Yes  No
- f) Receiving or awaiting treatment for any bodily injury, illness or diseases as a hospital or day case of in-patient Yes  No
- g) Was awaiting any tests, treatment, investigations, referrals or the results of these Yes  No
- h) Was given a terminal prognosis? Yes  No

If Yes, please provide details of these in full, including medications, dates and conditions (Please attach a separate sheet if needed)

Did the patient consult you for permission to travel? Yes  No

Did you consider them fit to travel at the time? Yes  No

If the patient is suffering from either, stress, anxiety or depression or any other mental or nervous disorder, has it been investigated and diagnosed as such by either a registered mental health professional (if they are under the care of a Community Mental Health Team), or a consultant specialising in the relevant field, who previously confirmed in writing that they were fit enough to take this trip? Yes  No

If Yes, please attach documentation supporting this from the health professional / consultant.

If the curtailment was due to pregnancy, please advise:

Date this was confirmed  Expected Date of Delivery

**DECLARATION**

I have examined the patient and/or their medical records. I confirm that to the best of my knowledge the information given above is correct and that no details relevant to the case have been omitted.

Signature

Name

Qualification

Date

**PRACTICE STAMP**

**IMPORTANT NOTICE TO ALL CLAIMANTS**

Towergate is the data controller for the personal information you provide and we are committed to keeping this information safe and secure.

In order for us to process your claim we will collect personal information such as your name, telephone number, email address, postal address, occupation, date of birth and payment details (such as your bank account number and sort code).

We may also request and collect sensitive information such as details of convictions or medical history. We may also use additional personal information available on social media or in the public domain.

Further details on how we use and share personal information can be found in our Fair Processing Notice on our website here <http://www.towergate.com/fair-processing-notice>

In the event that your claim is successful, we shall most likely issue payment by BACS transfer directly into your bank account, as this is both a faster and more secure form of payment.

Can you please complete the boxes with your bank account number, bank sort code, bank name and bank address.

Please detach the final page if details regarding your claim need to be completed by your doctor or other such professional, due to the sensitive data contained.

Name of Bank	<input type="text"/>
Branch	<input type="text"/>
Type of Bank Account (current, premier, reward etc)	<input type="text"/>
Sort Code	<input type="text"/>
Account No.	<input type="text"/>
Account Name	<input type="text"/>

If you are returning these details via email and your email system is not encrypted, we cannot guarantee the security of your communication and you may wish to consider alternative methods of submitting these details.

<b>Signed</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
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**Claims Contact Details**

Towergate Travel  
PO BOX 1392  
Preston  
PR2 0XE

E-mail: [towergatetravelclaims@directgroup.co.uk](mailto:towergatetravelclaims@directgroup.co.uk)

Tel: **0345 074 4838**