

Dear Sir/Madam

Travel Insurance Claim

Please find enclosed a claim form for completion and return to the address shown above.

You should complete all sections relevant to your claim and enclose all requested supporting documentation **(which must include evidence of your outward and return travel dates from the Republic of Ireland)**. Please note an incomplete application may delay the processing of the claim.

Please note **all documentation will be destroyed after 3 months**; an electronic copy will be held on our system.

You must as part of the policy terms and conditions declare if you have any other travel, household or other insurances in force at the time of your claim (this includes any insurance which may have been provided in association with your bank account). **Withholding this information may delay the processing of your claim.**

If additional information or documentation is required we will reply using the e-mail address supplied when you purchased the policy. Please ensure that you provide your current e-mail address on the enclosed claim form before returning it to us.

If you have any **queries or you require assistance** in completing the claim form please do not hesitate in contacting us on 091 560 615. Please have your claims reference number to hand.

Yours sincerely,



For and on behalf of
MAPFRE ASSISTANCE Agency Ireland

MAPFRE ASSISTANCE Agency Ireland
22-26 Prospect Hill
Galway, Ireland
traveldept@mapfre.com
TRAVEL INSURANCE CLAIM FORM

Claim Reference Number:

Policy Number:

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

CLAIMANT DETAILS

NAME OF LEAD CLAIMANT: Title: _____ Forename: _____ Surname: _____
Sex: M/F D.O.B. _____ Occupation: _____
ADDRESS: _____ POSTCODE: _____

TELEPHONE: Home _____ Work _____ Mobile _____

LEAD POLICYHOLDER NAME: Title: _____ Forename: _____ Surname: _____

Claimant's Relationship to Lead Policyholder: _____

HOLIDAY/TRIP DETAILS

Tour Operator: _____ Travel Agent: _____

Destination/Country: _____

Date holiday booked: _____

Departure Date: _____ Return Date: _____

PREVIOUS CLAIM DETAILS:

Have you made an insurance claim in the past 5 years?

YES/NO

If YES please provide details:

Date	Type Of Claim	Amount Claimed	Company

DECLARATION: Insurers and their agents share information to prevent fraud and for underwriting purposes.

This document, information provided when taking out the Policy and relevant facts form the basis of your claim and may be shared or used for audit purposes. It is a criminal offence to make a fraudulent claim. We investigate all cases and any person suspected of fraud is reported to the Police/Gardai with whom we always cooperate in effecting a prosecution. I/We understand that you may seek information from other insurers to check that the information provided above is truthful and that details of this claim can be used for audit purposes. I/We understand that you may request information from medical providers abroad in relation to a claim where medical advice was sought. I/We declare that to the best of my/our knowledge and belief that all the information I/We have given is correct. I/We have not withheld any information connected with this incident and agree to provide any further information or documentation as may be required. I understand that the insurer does not admit liability by the issue of this form.

ALL PERSONS CLAIMING MUST SIGN BELOW:

Name (please print)	Signature	Date

PERSONAL LIABILITY CLAIM DETAILS:

Please give full details of circumstances surrounding the incident and its discovery: _____

[illegible]

Date of Incident: _____ Time of Incident: _____

Exact location of where incident occurred: _____

Was the incident reported to a relevant authority? _____

If YES, to whom was the incident reported? _____ Date: _____ Time: _____

Have you received payment from any other source?

Do you intend to pursue this claim through any other source?_____

If YES, please provide details: _____

OTHER INSURANCE:

Do you have Household Insurance? _____

If YES, please provide details: Company Name: _____

Company Address: _____

Policy Number: _____

CHECKLIST: Please ensure you sign the declaration overleaf and enclose the following **ORIGINAL** documents as applicable:

Booking Invoice / Travel Tickets confirming dates of travel	YES/NO
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Certificate of Insurance (photocopy only)	YES/NO
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Original Police or other admissible relevant report	YES/NO
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Copies of ALL correspondence from third party, unanswered	YES/NO
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