

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 NO: Home \_\_\_\_\_ Work \_\_\_\_\_

**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

### CLAIM DETAILS:

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

---

---

---

---

---

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

If claiming for CASH, please confirm the amount of money taken on holiday: \_\_\_\_\_

Signed:\_\_\_\_\_

Policy Number: \_\_\_\_\_

[illegible]

## 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
Certificate of Insurance (photocopy only)	YES/NO
Original Police / Carrier (Airline, etc) or other admissible relevant report	YES/NO
Proof of Purchase, Original Receipts, Credit Card Slips/Statements, Certified Duplicate Receipts for items claimed	YES/NO
Instruction Manual/Guarantee Cards for photographic and other equipment as applicable	YES/NO
Currency Exchange Slips, Bank Statements or Evidence of Withdrawal for Personal Money claims	YES/NO
Repair Estimates for Damaged Items - <b>please note, all salvage to be retained until claim completed</b>	YES/NO
Flight Tickets and Baggage Check Tags for luggage lost/damaged/delayed by Airline	YES/NO
Receipts for any additional expenses incurred (admissible under the policy)	YES/NO

### Payment Details (Please tick the appropriate form of payment):

Cheque:\_\_\_\_\_ Bank Transfer:\_\_\_\_\_

If you wish to receive payment by bank transfer, please supply us with the following information;

**(NB Payment cannot be issued by bank transfer unless all below details are provided)**

Bank Name and Branch:\_\_\_\_\_

Account Holder's Name:\_\_\_\_\_ Account Number:\_\_\_\_\_

Sort code:\_\_\_\_\_ IBAN Number:\_\_\_\_\_

### Information on making a claim for Loss or Damage to Personal Items

We know that when loss or damage to personal items happens while you are travelling that it can be very stressful. Should you find yourself in this unfortunate situation, we have compiled some information to assist you in submitting your claim.

For the complete terms and conditions of your insurance cover however, please refer to your Travel Insurance Policy Document.

1. The full details of what you are entitled to claim for can be found in your Policy Document.
2. If personal items are lost or damaged while in the custody of an airline or other carrier, the loss/damage must be reported within **24 hours** to the airline/carrier and a 'Property Irregularity Report' obtained from them. A copy of this report will be required when making your claim.
3. All other losses or theft of property must be reported to the police within **24 hours** and a police report obtained. A copy of this report will be required when making your claim.
4. Upon your return to Ireland, the loss/damage must be reported to us within **28 working days**, through our Claim Settlement Service (details below):

**Claims Settlement Service:**

**Mapfre Asistencia  
Ireland Assist House  
22-26 Prospect Hill  
Galway  
(Please see your schedule of cover for  
the claims department's contact number**

5. You will be required to complete a Claim Form and provide full details of the property lost, stolen or damaged. Receipts or proof of purchase and estimates for the cost of repair to damaged items will be required in most cases \*. 'The Property Irregularity Report' and police report will also be required.

**Note:** \*In certain circumstances we may waive the requirement for receipts for specific items, where it is considered unreasonable by virtue of the value of the item or perhaps due to the time that has elapsed since the item was purchased.

**Please remember to retain copies of all documents when submitting your claim.**