



## Travel Insurance Claim Form

### General Section

Policy holder name \_\_\_\_\_

Full name of claimant (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Email Address \_\_\_\_\_

I.D. card \_\_\_\_\_ Date of birth \_\_\_\_\_<sup>DD</sup> \_\_\_\_\_<sup>MM</sup> \_\_\_\_\_<sup>YYYY</sup>

Occupation of insured \_\_\_\_\_

Tel/Mob No. \_\_\_\_\_ Purpose of flight \_\_\_\_\_

Is there any other insurance in force, which also covers this loss/expense?  Yes  No

If yes, state which policy/insurance company: \_\_\_\_\_

Have you ever before claimed under a travel policy?  Yes  No

If yes give details: \_\_\_\_\_

Classic or Gold Card Holder?  Classic  Gold Card



### Personal Baggage Claim

Date of loss    Time

Place

State precise circumstances in which loss or damage occurred

State total value of baggage and cash of Insured person or party at the time of loss or damage

Date and time advised to police/authorities/security personnel

Details of items claimed:

Description of lost or damaged property	Date of purchase			Cost price	Amount claimed after deduction for age, use, wear & tear	Net amount claimed
	DD	MM	YYYY			

NB: Attach receipts, if available, to this form. (If more space is required please use an extra sheet.)



## Personal Money Claim

Circumstances of loss

Date    Time

Place

Date and time advised to police/authorities/security personnel

Amount of money lost or stolen (stating currency)

**Attach a written report from police/authorities in the event of theft.**

## Delayed Departure & Missed Departure

### Original departure

Date    Time

Flight No  Destination

Reason for delay

Did you check-in in accordance with your original itinerary?  Yes  No

### Rescheduled departure

Date    Time

### Official cancellation of flight (if applicable)

Date    Time

Reason for cancellation

## Cancellation / Curtailment

### Scheduled date and time of departure

Date    Time

### Date of cancellaiton / curtailment

Date

Reason for cancellation/curtailment

Amount paid in respect of travel tickets (net of taxes) and any other non-refundable expenses:

State amounts claimed and attach receipts. If non-recoverable attach any relevant booking conditions.

## BNF Bank plc

Registered in Malta: C41030

203, Level 2, Rue D'Argens,  
Gzira, GZR 1368, Malta

Tel: +356 2260 1000  
Fax: +356 2131 2000

www.bnf.bank  
customercare@bnf.bank



### Cancellation / Curtailment (cont.)

#### Date advised to Travel Agent/Tour Operator

Date

Name of travel agent or ticket issuing office

Name of sick and injured person

#### Name and address of doctor giving initial treatment in respect of this illness or injury:

Name

Address

Has the person concerned ever suffered from this type of illness?  Yes  No

Relationship to insured

Nature of illness/injury

**NB: Attach Medical Certificate.**

### Personal liability

#### Date and time of loss

Date    Time

Place of incident

State circumstances of incident

#### Details of third parties involved (including third party legal representatives if applicable)

Name  Address

Tel No  Fax No

Email

Details of any damaged third party property



### Medical Expenses

Nature of illness/injury \_\_\_\_\_

Date

**Name & address of doctor giving initial treatment in respect of this illness or injury:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Has the person concerned ever suffered from this type of illness or injury before?  Yes  No

If yes, give details \_\_\_\_\_

If not claimant, give name, address and relationship:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name and address of family doctor:

Name \_\_\_\_\_ Address \_\_\_\_\_

Do you have a private health insurance policy?  Yes  No

If yes, give details \_\_\_\_\_

Authorisation Reference code \_\_\_\_\_



### Hospital benefit

Reason for admittance \_\_\_\_\_

Date of occurrence

Has the person concerned ever suffered from this type of illness or injury before?  Yes  No

If yes, give details of last occurrence \_\_\_\_\_  
\_\_\_\_\_

Do you have a private health insurance policy?  Yes  No

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

If applicable prior to your journey have you taken the necessary vaccinations/  
inoculations as recommended by the Health Department?  Yes  No

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

### Data protection

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We may be required to collect further information from sub-agents, other insurance companies, insurance intermediaries or insurance associations.

### Declaration

I/We declare that the statements made are true to the best of my/our knowledge and belief and fully agree with the above and hereby consent to the above treatment of my personal data.

I further authorise my Doctor or any other person who has attended me, or any hospital in which I have been treated to disclose to the Insurance any knowledge or information relating to this claim

Customer's Signature \_\_\_\_\_

Date