



THE ISSUE OF THIS FORM IS NO AN ADMISSION OF LIABILITY
EMERGENCY MEDICAL EXPENSES CLAIM FORM

In the event of a serious loss or damage inform the exchange immediately.

Name and Address of Assured Telephone No: Work Home
Postcode
Age Occupation

INSURANCE DETAILS

Certificate No: Date Insurance Issued
ITEX Members name/address

TRAVEL BOOKING DETAILS

Date Holiday Booked Countries Visited
Holiday Departure Date Tour Operator Name
Holiday Return Date Holiday/Cruise Ref No

CLAIM DETAILS

Name of Person taken ill or injured
Nature of Illness or Injury
Date if Illness or Injury
Place of Illness or Injury

...Contd.....

Circumstances of Illness or Injury.....

If claim was due to hospitalisation or curtailment, was Specialty Assistance Services contacted . YES/ NO. Date contacted.....

Details of Claim.....

Details of third parties involved in the accidental bodily injury or death of person insured.....

Details of Private health Insurance

- i Name of Insurer.....
- ii Address of Insurer.....
- iii Policy Number.....
- iv Telephone Number.....

Details of Claimed Expenses, ie, Hospital name, Prescription Charges etc.,	Amount Charged in Local Currency	Important Has bill been paid by you *
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO

* delete as applicable

DECLARATION

I declare that to the best of my knowledge and belief the information provided is correct

Claimant's signature.....

Date.....

THE MAKING OF A FRAUDULENT CLAIM IS A CRIMINAL OFFENCE

WHEN COMPLETED RETURN THIS FORM TOGETHER WITH ALL NECESSARY DOCUMENTS (REFER TO CHECKLIST) , TO:-

**ITEX
PO BOX 5153, CHELMSFORD, ESSEX CM2 8WN**