Emergency Medical and Repatriation Expenses Claim Form

ERGO Travel Insurance

How to Make a Claim

Please fill out this form with as much detail as you can. Missing or incomplete information may delay the processing of your claim.

Code for Office Use

Once completed, you can either:

Email it to us at claims@ergo-ias.co.uk - you can fill it out digitally or scan a printed copy,

or

Post it to:

Ergo Travel Insurance Ltd,
PO Box 982,
LEEDS
LS1 9XL

What to Include with Your Claim

To help us process your claim as quickly as possible, please send us the following:

1. **Booking confirmation** - from your service provider or tour operator showing travel dates, destination, trip cost, and names of all travellers.
2. **Receipts, invoices and bank statements** - showing the cost of any treatment and other expenses. Include travel tickets if you had to book new travel to return home.
3. **Medical records** - if a medical report was sent to our Emergency Assistance Company, we can obtain it from them.
4. **Copy of your EHIC/GHIC card** if travelling within Europe.

IMPORTANT

To help us process your claim, you'll need to provide documents that support your loss. This may include details of any other insurance you hold.

If the required documents aren't provided, your claim could be delayed and, in some cases, we may not be able to pay it.

The documents listed are common examples, but depending on your situation, we might need additional information.

ADDITIONAL SUPPORT - THIS IS AN OPTIONAL SECTION

Is there anything we can do to support you with your claim or in how we communicate with you? Yes ☐

If you have ticked 'Yes', using the box below please tell us what kind of support would help - for example, extra time to respond, help understanding information, or a preferred way to communicate.

About You and Your Policy

POLICYHOLDER DETAILS

Please provide the details of the policyholder - the person named on the insurance policy.

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First Name

Surname

Date of birth DD/MM/YYYY

Address

Post code

Phone number

Email address

YOUR DETAILS (ONLY IF YOU'RE NOT THE MAIN POLICYHOLDER)

If you're filling out this form on behalf of someone else, please provide your details below so we know who to contact if we have any questions.

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First Name

Surname

Date of birth DD/MM/YYYY

Address

Post code

Phone number

Email address

YOUR POLICY & TRIP DETAILS

Who did you buy your policy from?

Policy number

Date policy was purchased DD/MM/YYYY

Date your trip was booked DD/MM/YYYY

Destination

Scheduled start date of your trip DD/MM/YYYY

Scheduled end date of your trip DD/MM/YYYY

About Your Claim

CLAIM DETAILS

When did the illness begin or when did the accident occur? DD/MM/YYYY

Describe what happened.

Please give a brief description of the illness or accident, including any injuries.

Did you extend your trip? No ☐ Yes ☐

If yes, how long did you extend it for?

Did you contact our Emergency Assistance Company? No ☐ Yes ☐

If yes, please provide the reference number.

If no, please explain why you didn't contact them

Were you hospitalised because of this illness or accident? No ☐ Yes ☐

If yes, please give the dates and times:

From: Date DD/MM/YYYY Time (approx.)

To: Date DD/MM/YYYY Time (approx.)

About Your Claim (Continued)

WHAT YOU'RE CLAIMING FOR

Type of expense	Provider	Currency	Cost	Has this already been settled by you?	If unpaid, should we pay the Provider Directly?

Total amount claimed £

Details of other Insurance

Sometimes other insurance policies may also include travel cover. If they do, we may contact those insurers to contribute towards your claim. This is a normal part of the insurance process and helps keep premiums lower for everyone.

If you have a bank account that includes travel insurance benefits, we may use those details only to approach the bank's travel insurance provider for a contribution. Your bank account itself will never be affected in any way.

Please complete this section in full - it helps us process your claim as smoothly and quickly as possible.

Important: The information you provide here will not affect your renewal premium or your no claims discount.

BANK ACCOUNT

1/. Do you have a bank account that includes travel insurance benefits? No ☐ Yes ☐

If 'Yes' please add the Bank Account details below.

Name of Bank (e.g. HSBC) _____ Type of Account (e.g. Gold, Premier, Flex) _____

Account Holder Name _____

PRIVATE MEDICAL INSURANCE

3/. Do you hold any Private Medical Insurance? No ☐ Yes ☐

If 'Yes' please add the Bank Account details below.

Name of Insurer _____

Policy Holder Name _____ Policy number _____

WAS ANYONE AT FAULT?

4/. Do you believe anyone or anything was responsible for the incident? No ☐ Yes ☐

If 'Yes' please provide details below.

Settlement by Bank Transfer (BACS)

We'll pay any claim settlement directly into your bank account. This is the fastest and most secure way to receive your payment

Please complete all the details below in full, and remember to sign and date the form.

Once your payment has been made, we'll send you an email confirmation.

If your bank account includes travel insurance benefits, we may contact your bank to recover funds directly from them. This will not affect you or your claim payment in any way.

YOUR DETAILS

Name of Claimant

Email address
(where we'll send confirmation of payment)

Name of payee
(must match the name on the bank account)

Bank name
(e.g. HSBC)

Type of account
(e.g. Gold, Premier, Flex)

Account number

Sort Code

If your bank account is outside the UK, please also provide:

Country

IBAN/BIC number

SWIFT code

CONFIRMATION OF BANK DETAILS

Signature

Date DD/MM/YYYY

IMPORTANT: PLEASE DOUBLE-CHECK ALL DETAILS BEFORE SUBMITTING YOUR CLAIM.

We can't accept responsibility for delays or errors caused by incorrect bank information.

Claimant's Declaration and Signature

By signing below, I confirm that:

- The information I've given in this claim is true and accurate to the best of my knowledge.
- I haven't left out anything important that could affect how my claim is assessed.
- If I'm claiming on behalf of someone else, I have their permission to do so and they understand that ERGO Travel Insurance Services Ltd (ETI) is not responsible for how any payments are shared between us.
- I give permission for any doctor or medical authority mentioned in this claim to share relevant information from my medical records with ETI, in line with the Access to Medical Reports Act 1988 (or similar legislation).
- I understand that making a fraudulent claim is a criminal offence, would invalidate my policy, and could lead to prosecution.
- I consent to ETI:
  - recording, storing, and using my personal data as part of this claim, and
  - sharing this information with other insurers and relevant organisations to help prevent fraud, in line with data protection laws (UK GDPR).

I have read and understood this declaration and have included the documents needed to support my claim.

Claimant's full name

Signature

Date DD/MM/YYYY

If you're completing this form for the policyholder, do you have their permission to manage the claim? Yes ☐ No ☐

Your full name

Signature

Date DD/MM/YYYY

If you are authorising someone else to act on your behalf

I / We authorise to act on my/our behalf in this matter.

Signature

Date DD/MM/YYYY

How We Use Your Personal Data

PRIVACY NOTICE

For full details on how we use and protect your personal data, please see our **Privacy Statement** at Privacy Statement – ERGO Travel Insurance.

WHO WE ARE

ERGO Travel Insurance Services Ltd (ERGO TIS) is responsible for how your personal data is used in connection with your insurance policy and claim.

Although your policy may have been arranged through one of our partner brands and your claim may be handled by an authorised claims handler on our behalf, **ERGO TIS remains the data controller** for your personal data.

HOW WE USE YOUR DATA

We use your personal data to manage and settle your claim, administer your policy, and meet our legal and regulatory obligations.

PURPOSES AND LEGAL BASIS

We process your personal data on the following lawful bases:

- Contractual necessity – to provide insurance services and handle claims.
- Legal obligations – to comply with laws and regulations.
- Legitimate interests – to manage claims efficiently and improve our service.
- Consent – where we rely on your explicit consent for specific processing activities.

For health or other special category data, **ERGO TIS** relies on the Insurance condition under the Data Protection Act 2018, Schedule 1, Part 2, paragraph 20, allowing processing for insurance purposes in the substantial public interest.

WHO WE SHARE THE DATA WITH

We may share your data with trusted partners such as claims handlers, service providers, and regulators as needed to manage your policy and claims.

For details of our processors and safeguards, please see our full Privacy Statement at Privacy Statement – ERGO Travel Insurance.

YOUR RIGHTS

You have rights regarding your personal data, including access, correction, deletion, and objection.

You can also complain to the Information Commissioner's Office (ICO) if you are unhappy with how we handle your data.

FURTHER INFORMATION

For more information, or to contact our **Data Protection Officer (DPO)**:

Email: dataprotectionofficer@ergo-travel.co.uk

Address: Afon House, Worthing Road, Horsham, RH12 1TL