# Trip cancellation claims

Cancellation of pre-paid trip abroad prior to departure

### Claim Form

To be completed by the person to whom the claim relates or their parent or guardian if that person is under 18 years old or is under legal guardianship.



Personal data of policyholder																											
First name(s)																								Sex	( (M,	/F)	
Family name(s)																											
Date of birth (day/n	nonth	n/yea	r)										Poli	cy r	uml	ber							] -				
Address																											
City																	P	osta	ıl Co	ode							
State																											
Country																											
Telephone																											
Mobile phone																											
E-mail																											
Authorisation of person – To complete if necessary																											
I hereby authorise																											
Name of person (i	n fu	ıll):																									
Relation to insured	d pe	ersor	า:																						<u></u>	L	
Date of birth:																											
Address:																											
E-mail:																											
Phone number (including country code):																											
and preauthorisati information with t	To contact Bupa Global Travel on my behalf in relation to policy administration, including but not limited to claims assessment and preauthorisation of treatment, and I give my consent for Bupa Global Travel to exchange information, including medical information with the authorised person for the purpose of such policy administration. I understand that I have the right to withdraw the authorisation at any time by contacting Bupa Global Travel.																										
Information abo	ut	the	trip								,	,			'	1		1		1							
Purpose of the tri	р	$\bigcirc$	Le	isure	9	$\bigcirc$	Bu	sine	SS	$\bigcirc$	Со	mbi	ned														
Method of transportation		$\bigcirc$	Ae	ropl	ane		$\bigcirc$	Sh	ip		$\bigcirc$	Bu	S		$\bigcirc$	Tra	ain		$\bigcirc$	Otl	her						-
Travel destination																											
Name of travel ag	enc	У																									
Address																											
City																	Р	osta	ıl Co	ode							
State																											
Country																											
Telephone																											
Fax																											
E-mail													Ĺ														
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Information regarding the claim																											
The cancellation is c	ause	d by	/			$\bigcirc$	IIIr	iess		$\bigcirc$	lnj	ury		$\bigcirc$	) D	eath											
Date of the event ca	Date of the event causing the cancellation (date/month/year)																										
State the person suffering the illness, injury or death																											
First name(s)																								Se	ex (M	1/F)	
Family name(s)																											
Date of birth (day/mor	ith/ye	ar)																									
If not yourself, please state your relationship to the person suffering the illness, injury or death  Describe the course of the illness/injury/death  Family member  Policyholder/person insured  Other  Other																											
		ı	ı		I	I	I				ı		I	ı			ı		I	I	I	I	ı	ı	I		
Diagnosis		+		<u> </u>					<u> </u>							<u> </u>		<u> </u>	+							<u> </u>	
Cause of death				_								<u> </u>															
Date of death (day/mo	nth/y	ear)																									
Travel companions	s ca	ncel	ling	the	sa	me	trip																				
Name																											
Address																											
Name																											
Address																											
Name																											
Address																											
Name																											
Address																											

Specification of expenses						
Did the travel agency, airline, etc. reimburse you part of your claim? Yes No						
If no, please explain why:						
Cost of the cancelled trip						
Amount reimbursed by the travel agency, airline, etc.						
Claimed amount Currency						
Information about other insurance						
Do you have insurance cover with another company? Yes No						
If yes please fill in the information below:						
Travel Insurance:						
Name of company						
Policy No.						
Has the claim been reported to that company?  Yes  No						
Household insurance:						
Name of company						
Policy No.						
Has the claim been reported to that company? Yes No						

Information about cred	lit cards									
Do you have a credit card	?			Yes (	○ No					
If yes, which credit card do	o you have?									
○ Visa ○	O Euro	oCard	America	n Express	Other					
Which type of credit card	is it?									
$\bigcirc$	Basic	○ Gold	d	O Platinum	٦	Other				
Which bank has issued the	e credit card?	Name of	f bank:							
Has your travel itinerary been paid for with your credit card? Yes No										
	If Yes, please remember to enclose documentation which states that your itinerary has been paid for with the credit card (i.e. Itinerary receipt or bank statements).									
Please <b>do not</b> send us the		ber <b>nor</b> the (	CVC code.							
Payment method - Your choice of reimbursement method cannot be altered after the claim has been processed.										
The amount should be rei	imbursed to:	Policyho	older 🔘	Other						
Name										
Address					Postal Code					
City										
State										
Country										
The amount should be reimbursed in the following currency										
USD CHF BUR GBP Other										
O Please transfer reimb	Please transfer reimbursement to the following account - Make sure to complete all the information required.									
Name of bank										
Address										
BIC / S.W.I.F.T. Code /	ABA number									
IBAN										
Account no.										
Account holder										
Please send a cheque to the following address if different from page 1										
Payee										
. ayes										
Address					Postal Code					
City										
State										
Country										
Journal y										

### Please attach the following documentation

- Complete medical report from the treating doctor and/or hospital clearly stating course of illness, including date of first symptom, and why the patient is not fit to travel
- o Death certificate stating cause of death if relevant
- o Confirmation of travel purchase stating paid amount
- $\circ \ \, \text{Copy of travel documents stating date of departure from and date of return to the country of permanent residence}\\$
- o Confirmation from travel agency, airline company, tour provider, accommodation provider or similar, that the trip/stay has been cancelled
- o Documentation regarding any amounts refunded

Keep all the original documentation until your claim has been finalised

Please submit this claim form along with the attached documentation to: traveleclaim@ihi.com

### Privacy notice

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: www.global.ihi.com/Service/Privacy+Notice.aspx. If you do not have access to the internet and would like a paper copy of the full privacy notice, please contact the Bupa Global service team on +45 70 20 70 48. Alternatively, you can email or write to the team via travel@ihi-bupa.com or Bupa Global, Palægade 8, DK-1261 Copenhagen K, Denmark.

### Information about Bupa Global

In this privacy notice, references to "we" or "us" or "our" are to Bupa Global. For company contact details, visit www.bupaglobal.com/legal-notices.

#### 1 Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services ("you", "your"), in any way (for example email, website, telephone, app).

### 2 Ways in which we obtain personal information

We collect personal information from you and from certain third parties (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

### 3 Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

## 4 Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by applicable law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

### 5 Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

### 6 Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

### 7 Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the EEA (the EU member states and Norway, Liechtenstein and Iceland), for the purposes set out in this privacy notice.

### 8 How long we keep your personal information

We keep your personal information in line with periods using the criteria shown in the full privacy notice available on our website.

### 9 Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

### 10 Data Protection Contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at travel@ihi-bupa.com. You can also use this address to contact our Data Protection Officer.

We are regulated by the Data Protection Commissioner (www.dataprotection.ie) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, DO2 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800. You have a right to make a complaint to them or to your local privacy supervisory authority.

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l authorise Bupa Denmark, filial af Bupa Glob	n given in this claim form is in accordance with the truth and that nothing is concealed. al DAC, Irland (the Company) to obtain information from any doctor, hospital or insurance d in order to process the claim in accordance with the policy conditions.
Date	Signature

Bupa Global Travel • Travel Sales • Palaegade 8 • DK-1261 Copenhagen K • Denmark • Tel: +45 70 20 70 48 • Fax: +45 33 32 25 60 • Email: travel@ihi-bupa.com • www.ihi.com

Bupa Global Assistance • Tel: +45 70 23 24 61 • Email: emergency@ihi-bupa.com

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Bupa Denmark, filial af Bupa Global DAC, Irland is regulated by the Central Bank of Ireland and by the Danish Financial Supervisory Authority (Finanstilsynet) for conduct of business rules.

Bupa Denmark Services A/S, 8 Palaegade, DK-1261 Copenhagen K, Denmark, Company No. 32451780 is an agent for Bupa Denmark, filial af Bupa Global DAC, Irland.