

Trip cancellation



Claim Form

(It is possible to complete the form electronically, but it must be signed by hand)

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

Date of birth	<input type="text"/>	Policy No.	<input type="text"/>	-	<input type="text"/>
First name(s)	<input type="text"/>				
Family name(s)	<input type="text"/>				
Address	<input type="text"/>				
Postal code	<input type="text"/>	City	<input type="text"/>		
Country	<input type="text"/>				
Telephone day	<input type="text"/>			Telephone evening	<input type="text"/>
Email	<input type="text"/>				
Employer	<input type="text"/>		Contact person	<input type="text"/>	

AUTHORISATION OF PERSON - TO COMPLETE IF NECESSARY

I hereby authorise

Name of person (in full)	<input type="text"/>				
Relation to insured person	<input type="text"/>				
Date of birth	<input type="text"/>				
Address	<input type="text"/>				
E-mail	<input type="text"/>				
Phone number (including country code)	<input type="text"/>				

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 ABOUT THE TRIP

Purpose of the trip	<input type="radio"/> Leisure	<input type="radio"/> Business	<input type="radio"/> Combined leisure/business	<input type="radio"/> Expatriation
Destination (city/country)	<input type="text"/>			
Travel agency	<input type="text"/>			
Date of booking the trip with the travel agency	<input type="text"/>	Date of deposit payment	<input type="text"/>	
Scheduled date of departure	<input type="text"/>	Date of cancellation of the trip with the travel agency	<input type="text"/>	

THE CANCELLATION CONCERNS

<input type="radio"/> Illness/injury/death
Diagnosis/cause:
<input type="radio"/> Changed vaccination demands
Which:
<input type="radio"/> Problems in own business
Which:

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.ihl.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@ihl-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@ihl-intl@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,
D02 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.

DECLARATION

I, the undersigned, declare that all information given in this claim form is in accordance with the truth and that nothing is concealed. I authorise Bupa Denmark, filial af Bupa Global DAC, Irland (the Company) to obtain information from any doctor, hospital or insurance company concerning myself or any co-insured in order to process the claim in accordance with the policy conditions.

Date _____

Signature _____

Trip cancellation medical certificate



Claim Form

(It is possible to complete the form electronically, but it must be signed by hand)

In case of cancellation due to illness, the patient and his or her doctor must complete the medical certificate below as quickly as possible and send it to Bupa Denmark, filial af Bupa Global DAC, Irland.

Date of birth	<input type="text"/>	Policy No.	<input type="text"/>	-	<input type="text"/>
First name	<input type="text"/>	Last name	<input type="text"/>		
Address	<input type="text"/>				
Postal code.	<input type="text"/>	City	<input type="text"/>		
Telephone day	<input type="text"/>		Telephone evening	<input type="text"/>	
E-mail	<input type="text"/>			Fax	<input type="text"/>

AUTHORISATION

I authorise Bupa Denmark, filial af Bupa Global DAC, Irland to obtain information from any doctor, hospital, insurance company or public authority concerning myself or any co-insured in order to process the claim in accordance with the policy conditions.

Date _____ Signature _____

TO BE COMPLETED BY THE PATIENT'S OWN DOCTOR

Please state the exact diagnosis

Did the disease occur acutely? Yes No

When did the patient first present symptoms of the disease?

Date of first consultation

Has the patient been attended to for the same illness/injury within the past year? Yes No

Does the patient's disease require hospitalisation? Yes No

Does the patient's disease require that he or she stays indoors (medically prescribed)? Yes No

Was the patient aware of the disease at the time of booking the trip? Yes No

In case of chronic disease: when did the patient get the disease?

When did you decide to advise the patient against travelling and for which medical reason?

Doctor's name

Address

Postal code. City

Telephone Business No.

Are you the patient's general practitioner? Yes No

The doctor's bank details:

Reg. No. Account No.

Date _____ Signature _____

ANY MEDICAL OBSERVATIONS

Fee for completing the medical certificate will be paid by Bupa Denmark, filial af Bupa Global DAC, Irland

Bupa Global Travel • Palaegade 8 • DK-1261 Copenhagen K • Denmark • Tel: +45 70 20 70 48 • Fax: +45 70 14 15 11 • Email: rejseskader@ihi-bupa.com • www.ihi.com
Bupa Global Assistance • Tel: +45 70 23 24 61 • Email: emergency@ihi-bupa.com

Bupa Global and Bupa Global Travel are trading names of Bupa Denmark, filial af Bupa Global DAC, Irland, Company No. 40168923, a Danish branch of Bupa Global Designated Activity Company (Bupa Global DAC), having its registered address at Palaegade 8 DK-1261 Copenhagen K Denmark. Bupa Global DAC, trading as Bupa Global, regulated by the Central Bank of Ireland, is registered in Ireland under company number 623889.

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.