



Medical Expenses

In order to support the process of your Medical Expenses Claim, we have put together a checklist to ensure you include the correct paperwork to support your claim. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim.

Your Checklist of Documents Required

Please Note: We do not require original receipts, passports, EHIC's, death certificates or CD's for the initial claims set up, a top tip is to take a clear photo of your receipts and email them over to us.

Please ensure you keep the originals safe in case we do still require them.

No need to staple your papers either; the full contents of each envelope we receive are immediately scanned onto our computer system, and having to remove staples may damage the papers which could delay your claim!

- Holiday Booking Documents showing Travel Dates and Cost of Trip.
- Original Receipts for all expenses claimed including that for any policy excess you paid directly to the provider.
- If you were admitted to Hospital: Discharge reports showing Date and Times of Admission and Discharge.
- If you are claiming for any Travel/Accommodation costs incurred due to the medical problem, all relevant Bills/Receipts.
- If you paid by debit or credit card, please enclose a statement showing the rate of exchange applied.
- If travel was to Europe please complete the disclaimer form on page 4 and send a copy of your EHIC.
- If your claim occurred in France, please sign all medical documents called "Feuille des Soins" in the box marked "Signature de l'assuré(e)".

Please consider the environment before printing this checklist. We **do not** require the checklist to be printed and returned.

Medical Expenses



Email: claims@tifgroup.co.uk

Post: tifgroup Claims, 1 Tower View, Kings Hill, West Malling, Kent, ME19 4UY

Top Tip: If you tap or click the box you can type away & email your claims form with the relevant documents to us.

Claims Reference Number, if already known:	
tifgroup-assistance Advice Line Reference:	

Details of the Claimant

Title:		First Name:		Last Name:	
Address:					
Post Code:		Email Address:			
Date of Birth:		Telephone:			
Bank Name:		Name on Account:			
Account Number:		Account Type: (e.g. premier, gold, reward)			
Sort Code:		SWIFT/BIC (for payments outside of the UK)			
IBAN (International Bank Account Number):					

For your convenience and to offer an efficient smoother service, we will pay any claim settlement due directly into your bank account. *We do not accept liability for any payment misdirection or delay due to the incorrect bank details being provided by you.*

Details of the Insurance Policy and Trip

Policy Number:		Date of Issue:	
Insurance Company Name:		Date Trip Booked:	
Policy Cover Level (e.g. silver, gold, standard etc.)		Destination:	
Trip Date From:		To:	
Do you or any of the insured party have any other travel insurance cover? If yes give details.			

Details of Claim

Date of Injury/Illness:	
Nature of illness / injury and details of medical attention sought. If injury, please give details of how and where it happened and contact details of any other parties you consider responsible for your injury.	

Hospital Name:			
Public or Private Hospital:			
Doctor Name:			
Date of Admission:		Date of Discharge:	

Was your European Health Insurance Card (EHIC) accepted by the treating Doctor/Hospital?			Yes	No
Do you have Private Health Insurance?	Yes	No		
If Yes, Name and Address:				

GP Name:	
Practice Address:	

Please give details as accurately as possible of the bills either to be paid by your insurance company on your behalf or those which you have already paid and are seeking a refund for.

If you do not yet know the amount, please list the name of the provider who will send an account directly to us as this will help us match bills to your claim when they arrive.

Type of Expense:	Name of Service Provider:	Amount:	Currency:	Paid/ Not Paid:	Method of Payment:
Total:					



We at tifgroup are acting agents on behalf of your insurer, full details are listed within your policy document, if we require information from your Doctor in respect of your claim you have certain rights under the Access to Medical Reports Act 1988: -

- Your consent* is required before the insurer or anyone acting as their agent can apply for a report and you may see the report before it is supplied to the insurer or their agents, or at any time during the six months after that.
- If you disagree with the contents of the report or consider it to be misleading you may ask your Doctor to amend it. If the Doctor disagrees you may add your own written comments. The Doctor may withhold all or part of the report from you if he/she thinks that this would be in your best interests, or that of others. Alternatively, you can refuse to give your consent*.
- At no time will the report be sent to the insurer or anyone acting as their agent without your consent.

*You can refuse to give your consent however this may mean we are unable to deal with your claim

Charges made by the Doctor for providing such a report are your responsibility, as they are not covered by this policy.

Declaration

I consent to tifgroup or anyone acting as agents for the insurer as detailed within the policy documents, seeking medical information from any doctor who has at any time attended me concerning anything which affects my/the patient's physical and/or medical health. I authorise the giving of such information during and after my lifetime. I have been informed of and understand my rights under Access to Medical Reports Act 1988 (see above).

Signature:		Date:	
Print Name:			

Claim Declaration

- I/We declare that all the details provided above are true and accurate to best of my knowledge.
- I/We give consent for tifgroup to seek recovery of monies paid where other insurers cover the same risk, or from third parties who may be held liable.
- I/We understand that details of this claim may be passed to the insurance industries central claim register
- I/We understand that if a claim is found to be fraudulent or exaggerated that this will invalidate the whole claim and tifgroup may seek to recover any costs through the civil courts.
- I/We understand that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither tifgroup or the underwriters of the policy will accept the responsibility if any payments are not distributed proportionately to the persons concerned.

Signature:		Date:	
Print Name:			

Consent

I give my authority for you to communicate with the following people who I may wish to contact you, or to be a point of contact for me, whilst my claim is being finalised.

Full Name:	
Full Name:	

Your Signature:		Date:	
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Must be completed when Medical Expenses were incurred in Europe.



Dept for Work and Pension
Tyne & Wear

I hereby consent to tifgroup seeking reimbursement of medical expenses paid by them arising out of medical treatment received in:

Country:	
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On:

Date:	
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I declare that the information given on this form is correct and complete

Signature:		Date:	
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Please complete all sections below whether the costs relate to yourself or a child.

Your full name:	
Your date of birth:	
Full name of child (if applicable):	
Date of birth of child (if applicable):	
Your address in the UK:	
Address of child if different:	
Your nationality:	
Nationality of child (if applicable):	
National Insurance Number (in case of child under 16 give parent's)	

Trip Date From:		To:	
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Dates of Treatment From:		To:	
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