

# Making a claim on your policy

## Before you start

Your claim will be managed by Nomadic Insurance Benefits Limited (we, us) who are authorised by the insurer to handle and settle claims. In order for us to process your claim quickly it's important that you complete all the relevant sections of this form with as much detail as you can. If you do not have enough room please attach additional information on a separate sheet.

If you are giving authority to another person to act on your behalf in respect to this claim please complete the Nominated Authority box below.

You'll find it easier to get all your supporting documents together first. You can find a full list of key documents we will need on page 11. Use these documents to complete all relevant sections of the form.

## What you need to do:

**Step 1 & 2: About you & what happened.** This part is all about you, your trip and what happened.

**Step 3: Your expenses.** This is where you list individual expenses. You only need to complete the section(s) applicable to your claim.

**Step 4: Medical Authority & Medical Certificate.** Where applicable, the medical authority is completed by the person who was sick or injured, or the executor/representative of the deceased. The Medical Certificate is completed by their General Practitioner at home to confirm their health condition(s) which caused your claim.

**Step 5: Bank details.** We will transfer any cash payments directly into your nominated bank account.

**Step 6: Declaration.** You'll need to sign this for us to assess your claim.

**Step 7: Checklist.** Use this checklist to attach the relevant documents to support your claim.

## Where to send the completed form

Check your form thoroughly and make a copy of everything before you send it to us. Please send us the originals and keep a copy for your records.

### Postal Address:

Travel Claims  
Nomadic Insurance Benefits Limited  
PO Box 912  
South Cork DSU  
Cork, Ireland

### Email:

claimsEU@worldnomads.com

### Phone:

+353 21 237 8006

### Fax:

+353 21 237 3902

## Step 1: About you

### Your Policy:

1. Certificate of Insurance / Policy number:

Did you contact the emergency assistance team?

- No > Go to Question 2  
 Yes > Give details below:

Please enter your assistance reference number:

### Your Details:

2. Title: First name:

 

3. Last name:

4. Date of birth: (DD/MM/YYYY)

 /  / 

5. Occupation (e.g. Manager, full-time student):

6. Preferred contact number (including area and country code):

7. Email address:

8. Address:

State/region/province:

Postcode:

Country:

9. Preferred method of contact:

Email  Phone  Mail

## Nominated Authority

### I/We authorise:

Name of Nominated Authority:

Email:

Date of birth: (DD/MM/YYYY)

 /  / 

Preferred contact number:

Address:

State/region/province:

Postcode:

Country:

**to act on my/our behalf in respect to this claim and to be provided with information relating to this claim.**

## Step 2: Tell us what happened

Please provide an exact description of the events that caused you to make this claim.

### What happened?

Example: I broke my leg/My bag was stolen/My father was admitted to hospital.

### How did it happen?

Please give a detailed description of how the incident happened and what you did.

### When?

Date and time you were first aware of the loss, incident or need to change or cancel your trip:

(DD/MM/YYYY)                      (HH:MM)                      (AM/PM)  
 /  /      :    

### Where?

Town and Country (e.g. Paris/France):

Location (e.g. Hotel Reception):

### Information about your trip

1. When did you first book your trip?

/  /  (DD/MM/YYYY)

2. When was the first payment for your trip?

/  /  (DD/MM/YYYY)

3. When was the last payment for your trip?

/  /  (DD/MM/YYYY)

4. Were you travelling for:

Holiday     Work     Study

5. If you purchased any of your travel arrangements on your credit card please give details:

Credit Card Provider: (e.g. HSBC, Citibank, etc):

Card Type:

Visa     Mastercard     Amex     Other

Card Level:

Standard     Gold     Platinum     Other

If other please specify in the box below:

## Step 3: Your Expenses

The next part of this form is divided into specific sections depending on the type of claim. Please complete only the section(s) applicable to your claim. Specific documents will also be required to support your claim; the Checklist on page 11 will help guide you.

### 3a - Cancellation or Trip Interruption

1. Was the cancellation/change due to illness, injury or death?

Yes > Go to Question 2

No > Please advise reason:

**Please note:** For cancellation caused by death, injury or illness, the Medical Authority & Medical Certificate must also be completed.

2. If cancellation/change was caused by a person please provide the following:

Name of person:

Their date of birth:

 /  /  (DD/MM/YYYY)

Relationship to you:

3. Name of all people whose arrangements have been cancelled/interrupted:


4. Date travel supplier notified:

 /  /  (DD/MM/YYYY)

5. Was the trip rebooked?

No > Go to Question 6

Yes > Please provide date:

 /  /  (DD/MM/YYYY)

6. Please list all cancellation costs claimed (please list trip interruption or curtailment costs under 3b):

Date	Description	Supplier	Amount Paid	Refund Received	Amount Claimed	Currency
DD/MM/YYYY	Flight to Bangkok	Expedia	€750.00	€150.00	€600.00	Euro

7. Total cancellation fee if trip was cancelled outright:

    .   Currency: 

8. Total additional amount paid if your trip was postponed, interrupted or changed (please list in 3b):

    .   Currency: 

#### Loss of Reward Points

9. Total amount of points used to purchase air ticket:

        

10. Did you pay any additional amount?

Yes  No

If yes, how much?

    .   Currency: 

11. Total amount of points refunded:

        

12. Total amount of points lost:

### 3b - Trip Interruption or Curtailment Expenses Claim

1. List all items you wish to claim for:

Details of Expense	Date of Expense DD/MM/YYYY	Amount Claimed						Currency	
		1	0	4	5	.	0		0
Extra nights accommodation in Bangkok	DD/MM/YYYY	1	0	4	5	.	0	0	THB
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			

### 3c - Delayed Luggage Claim

1. Your arrival date and time at destination:

(DD/MM/YYYY) (HH:MM) (AM/PM)  
 /  /   :

2. Date and time your luggage arrived:

(DD/MM/YYYY) (HH:MM) (AM/PM)  
 /  /   :

3. Have you made a claim against your carrier?

No > Go to Question 4  
 Yes > What compensation did the carrier pay you?

Amount:  .  Currency:

4. Please provide a list of the essential items purchased:

Name of item purchased	Place of Purchase	Date of Expense DD/MM/YYYY	Original Purchase Price						Currency	
					2	8	.	9		5
Disposable Razors	Seven Eleven	DD/MM/YYYY			2	8	.	9	5	USD
								.		
								.		
								.		
								.		
								.		
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								.		
								.		
								.		

### 3d - Baggage & Personal Items Claim

Your luggage includes your clothing and other personal belongings worn or carried about by you for your individual use during your trip. It also includes passports, visas, and other travel documents.

**Please note:** If your luggage is delayed, lost or damaged while in the care of the carrier or other provider, they may have a responsibility to compensate you. It is therefore essential that you first claim compensation from the carrier and provide us with written confirmation of their response to your claim, as well as their contact details.

1. Are you claiming for:  
 Theft     Damage     Lost baggage

2. Date and time Theft/Damage/Loss was discovered:  
(DD/MM/YYYY)          (HH:MM)          (AM/PM)  
 /  /      :    

3. Who was it reported to?  
 Police     Airline/Carrier     Tour Guide  
 Hotel/Hostel Management     Other Relevant Authority  
If other please give details below:

4. Name of police officer or relevant authority:

5. Job title/position:

6. Location:

7. Report number:

8. Date and time reported:  
(DD/MM/YYYY)          (HH:MM)          (AM/PM)  
 /  /      :    

9. If not reported, please explain why this policy requirement was not met:

10. Can this be claimed against another policy (e.g. household, travel)?  
 No ➔ Go to Question 11  
 Yes ➔ Give details below:  
Name of insurer:

Name of policyholder:           Policy number:

Amount paid by insurer:  .           Currency:

11. For claims for prescription glasses or hearing aids, can you claim these from your private medical insurance?  
 No ➔ Go to Question 12  
 Yes ➔ Give details below:  
Name of private medical insurer:

Member number:

Amount paid by insurer:  .           Currency:

12. List all items you wish to claim for:

Details of Expense	Place of Purchase	Date of Purchase	Purchase Price					Currency	
Cannon X1 Digital Camera	DigiCameras	DD/MM/YYYY		5	4	9	. 9	5	Euro

### 3e - Replacement of Travel Documents

1. List all items you wish to claim for:

Replacement Documents	Date Replaced	Replacement Cost						Currency	
British passport; Irish passport; US visa; etc.	DD/MM/YYYY		5	2	5	.	0	0	GBP
						.			
						.			
						.			
						.			
						.			

### 3f - Rental Vehicle Insurance Excess Claim (Explorer Plan)

1. Type of Vehicle:

Car  
  Campervan  
 Other

2. Name of vehicle hire company:

3. Name of person driving the vehicle:

4. Their date of birth:

/ 
  / 
  (DD/MM/YYYY)

5. Rental vehicle insurance excess:

.

Currency:

6. Actual repair costs:

.

Currency:

7. Amount you are claiming:

.

Currency:

8. Charge to return vehicle if unfit to drive:

.

Currency:

### 3g - Resumption of Trip Claim

1. List of arrangements cancelled in order to return home:

Cancellation Fees	Date of Expenses from	Date of Expenses to	Amount						Currency	
Hotel Ibis	DD/MM/YYYY	DD/MM/YYYY		1	4	9	.	9	5	EUR
							.			
							.			
							.			
							.			
							.			
							.			

2. List of arrangements booked to resume your trip:

Additional Expenses	Date of Expenses from	Date of Expenses to	Amount						Currency		
Emirates Economy Class Ticket	DD/MM/YYYY	DD/MM/YYYY		1	2	4	9	.	4	5	GBP
								.			
								.			
								.			
								.			
								.			
								.			

### 3h - Medical and Dental Expenses Claim

1. Name of Ill/Injured Person:

2. Their date of birth (Please note: this person must complete a Medical Authority and arrange completion of a Medical Certificate; see Step 4):  
 /  /  (DD/MM/YYYY)

3. Relationship to you (if not you):

4. Nature of illness/injury:

5. Date first occurred:  
 /  /  (DD/MM/YYYY)

6. Were you/they treated for this illness/injury or similar before?  
 Yes  No

If YES please give details below:

7. If an injury occurred, was it whilst taking part in an adventure sport or activity or while working (paid or volunteer)?  
 Yes  No

If YES please give details below:

8. Name and address of Doctor/Dentist who treated illness/injury abroad:

9. Country where illness/injury was treated:

10. Were you/they admitted to hospital?  
 Yes  No

11. Date and time admitted:  
 (DD/MM/YYYY) (HH:MM) (AM/PM)  
 /  /   :

12. Date and time discharged:  
 (DD/MM/YYYY) (HH:MM) (AM/PM)  
 /  /   :

13. List of medical expenses incurred:

Type of Service:	Date of Expense:	Cost Incurred:								Currency:	Account Paid?	
Consultation	DD/MM/YYYY		7	8	5	.	0	0	USD			
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
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											<input type="checkbox"/> Yes	<input type="checkbox"/> No
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											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No
											<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Step 4: Medical Authority and Medical Certificate

### Medical Authority

To complete the assessment of your claim, this Medical Authority must be signed by the person whose medical condition caused the claim (or that person's next of kin, executor or representative). We will need to contact that person's doctor(s) to obtain further information regarding their medical history.

Before signing this Medical Authority, the patient concerned (or their next of kin, executor or representative) should read the following:

- You can withhold your permission, but if you do we will be unable to proceed with your claim if further information is required;
- If you wish to see the medical report, indicate this below and contact the doctor within 21 days about arrangements to see the report. Whether or not you wish to see the report before it is sent to us, the doctor must let you see a copy after it is supplied, if you ask;
- You can ask the doctor if he/she will amend any part of the report which you consider to be incorrect or misleading. If the doctor is not in agreement, you may append your comments.

The doctor can in certain circumstances withhold the report from you, or any part of it.

I have been informed of my rights and consent to Nomadic Insurance Benefits Limited obtaining a medical report(s) from any doctor who has cared for me should it be deemed necessary.

In that event, I do  do not  wish to see (or have a copy of) the medical report before it is sent to Nomadic Insurance Benefits Limited.

Details of patient/authorised person:

Title:  First name:

Last name:

Date of birth:  /  /  (DD/MM/YYYY)

Preferred contact number (including area and country code):

Email address:

Address:

State/region/province:  Postcode:

Country:

Signature:

Date of signature:  /  /  (DD/MM/YYYY)

### Medical Certificate

This Medical Certificate must be completed at the claimant's expense by the usual General Practitioner/Dentist of the person whose illness/injury/death caused this claim.

1. Name of patient:

2. Their date of birth:

/  /

3. Does she/he usually attend your practice?

No > Go to Question 4

Yes > If so, how long?

4. Do you have access to the patient's medical/clinical records?

Yes  No

5. Date of the onset of the illness or injury:

/  /  (DD/MM/YYYY)

6. Date on which you were first consulted for symptoms of illness/injury:

/  /  (DD/MM/YYYY)

7. Please provide a precise diagnosis of the illness/injury:

8. Did you refer to your patient to a specialist?

No > Go to Question 13

Yes > If so, give details:

Name of specialist:

Address of specialist:



Date referred to specialist :

 /  /  (DD/MM/YYYY)

Date first attended specialist:

 /  /  (DD/MM/YYYY)

9. Are you aware of referrals to any other Practitioners/Surgeons/Specialists?

No > Go to Question 10

Yes > If so, please provide details:

10. Is the medical condition described caused or exacerbated by, traceable to, or related to any recurring illness or condition?

No > Go to Question 11

Yes > If so, please provide details:

11. Please provide details of all medication that your patient was taking over the past 24 months (regardless of prescribing physician) and the relating condition.

Condition:	<input type="text"/>
Medication:	<input type="text"/>
Condition:	<input type="text"/>
Medication:	<input type="text"/>
Condition:	<input type="text"/>
Medication:	<input type="text"/>
Condition:	<input type="text"/>
Medication:	<input type="text"/>
Condition:	<input type="text"/>
Medication:	<input type="text"/>

12. Please give details of any chronic disease or illness or any physical impairment or comorbidities from which she/he suffers:

13. Was the patient medically advised not to travel?

No > Go to Question 14

Yes > On what date?

 /  /  (DD/MM/YYYY)

14. Did your patient travel overseas for the purpose of obtaining medical treatment or advice for medical treatment?

No > Go to Question 15

Yes > If so, please provide details:

15. Please provide a printout of your patient's medical history and clinical notes (if applicable).

### Doctor's declaration

I declare that I have examined the patient named above and/or have referred to their medical records and confirm that the information given is a true and correct statement.

Name of Doctor/Dentist:

Signature:

Email:

Phone:

Fax:

Doctor's stamp:

Date:

 /  /  (DD/MM/YYYY)

## Step 5: Bank Details

If your claim is approved, we will deposit your refund directly into your nominated account. The account nominated must be either a cheque or statement account. Unfortunately, we are unable to deposit into a credit card account.

Account holder's name:

Account holder's address:

Name of your bank/financial institution:

Address of bank/financial institution:

Account Number:

IBAN:

Bank Sort Code/BIC Code/SWIFT Code/FedWire/ABA Code:

### Intermediary or Correspondent Bank (if applicable)

Name of intermediary/correspondent bank:

Address of intermediary/correspondent bank:

Account Number:

IBAN:

Bank Sort Code/BIC Code/SWIFT Code/FedWire/ABA Code:

## Step 6: Declaration

Your claim will be handled by the dedicated claims team at Nomadic Insurance Benefits Limited. We take your privacy seriously, and we use the information you provide to us to assess your claim and pursue any recovery. We may need to provide that information to other people, for example your insurers and any assessors, health professionals or others that we need to assist us in doing this. If you don't provide us with complete information, we will not be able to properly assess your claim. You can check the information we hold about you at any time.

For more information about how we use your personal information, please refer to the Privacy Notice section in the policy wording, or ask us for a copy of our privacy policy available from [www.worldnomads.com/privacy](http://www.worldnomads.com/privacy).

I/We declare that all information provided is true and correct.

I/We authorise any person or organisation to provide Nomadic Insurance Benefits Limited or its representative with any information that they may request in relation to this claim.

I/We agree that a photocopy of this authorisation is as effective and valid as the original.

Signature of claimant:

Name of claimant:

Date:

 /  /  (DD/MM/YYYY)

## Step 7: Getting your paperwork together

To assess your claim faster, we prefer original documents, which may be electronic like eTickets. You can provide us with copies, however we reserve the right to request the originals or further documentation to support your claim, which may cause delays. If any of the documents are missing please provide a written explanation or please contact us on +353 21 237 8006. Original documents will not be returned so please keep a copy of these documents for your own records.

Please see the final page for a checklist of the key documents we will require. If we need additional documentation we will let you know.

# Documentation Checklist

The following checklist provides a summary of key documents we require. Also read what you must do in the "What's covered & not covered" section of your policy wording for further details.

## For All Claims We Need Your

- Proof of your travel dates (e.g. itinerary, eTickets)
- Proof of payment for trip (e.g. receipts, credit card/bank statements showing payments made)
- Where applicable: Appropriate certification or licence to perform sport or activity (where required in Section 8 of policy wording) and/or copies of appropriate visas to work or study in that country

## 3a - Cancellation or Trip Interruption

- Booking conditions showing breakdown of all trip costs
- Documents confirming refunds provided by travel agency, tour company, airline etc
- Completed Medical or Death Certificate (where cancellation due to medical reasons)
- Letter from transport provider explaining the circumstances of the cancellation/refund and any compensation received
- Airline tickets if not refundable

## 3a - Loss of Reward Points

- Original airline ticket (including cost and points)
- Reward statement showing total points used, any points charged as cancellation & any refund of points

## 3b - Curtailment

- Receipts or other evidence of expenses paid by you
- Evidence from the provider (airline, hotel, bus company) explaining the circumstances of the expenses
- Booking invoice with original pre-paid arrangements
- Police Report showing date detained/released if, for example, hijacked
- Documentation about volunteer course, internship, study or apprenticeship (e.g. signed agreement and/or letter from employer or organisation outlining reason for cancellation; cancellation terms & conditions)
- Written confirmation from your employer confirming reason for redundancy
- Medical evidence to support sudden illness or injury of close relative (p8)

## 3c - Delayed Luggage

- Proof of ownership of all items
- Property Irregularity Report (PIR)
- Written confirmation from the carrier confirming delay, when your luggage was returned to you and compensation paid
- Original receipts for essential items purchased
- Boarding pass & baggage tags from the carrier who caused your luggage to be delayed

## 3d - Baggage and Personal Items

- Proof of ownership of all items
- Repair quotes for damaged items
- Report from police and common carrier/service provider/local authority (e.g. security manager) of theft/damage
- Original receipts for replacement items
- Property Irregularity Report (PIR)
- Boarding pass, luggage checks & baggage tags from the carrier/service provider
- ATM, bank, credit card statement or currency conversion slips showing withdrawal of funds
- Proof that IMEI number locked for mobile phones
- Theft of cash (Explorer Plan) - evidence of bank withdrawal, foreign exchange receipts or travellers cheques, postal and money orders

## 3e - Replacement of Travel Documents

- Police Report
- Written report from service provider/local authority if responsible for lost documents
- Government documentation (e.g. foreign government agency and passport or consular office reports)
- Receipts or invoice of original travel documents
- Receipts relating to the replacement of travel documents

## 3f - Rental Vehicle Insurance Excess (Explorer Plan)

- Rental vehicle agreement showing the excess you are liable for
- Receipts/credit card statement for excess payment
- Copy of repair quote/account and proof of payments made or received
- Copy of rental vehicle accident/incident report
- Copy of valid driver's licence to drive the class of vehicle rented
- Copy of rental vehicle insurance policy provided by rental company/agency
- Medical evidence you are unfit to drive

## 3g - Resumption of Trip

- Original trip booking invoice itemising breakdown of costs for both original and new booking
- Original and new itinerary
- Copy of used and unused return ticket
- Booking conditions that applied to original trip
- Cancellation fees that would have applied had the original trip been cancelled in full
- Invoice and receipt for new ticket purchase to resume journey
- Medical or death certificate of person who caused you to return home

## 3h - Medical and Dental Expenses

- General Practitioner/Dentist Medical Certificate (p8)
- Original medical/dental receipts
- Treating doctor's report
- Hospital admission & discharge reports where relevant
- Letter from dentist with details of emergency treatment provided
- Police Report (if assaulted)
- If a student; evidence of full-time enrolment at time of accident