

PERSONAL ACCIDENT CLAIM CHECKLIST

The attached claim form and relevant documents from the checklist below should be sent to us if you wish to make a claim under the personal accident section of the policy. This list is not exhaustive and we may ask for further evidence once we review your claim.

A claim number will be notified to you once we have validated your details.

Proof of insurance and any medical endorsements –

POLICY OR CERTIFICATE OF TRAVEL INSURANCE / VALIDATION CERTIFICATE - your claim will be delayed if you do not submit this. (Please note this is NOT the ATOL certificate) We do not need the policy booklet.

Employer's details and policy number where you are insured under a company scheme, insurance reference number etc.

Proof of travel if the claim falls under a travel insurance policy –

This must show total cost of the trip, the names of all passengers, the date of booking and the travel dates and come from the tour operator or airline. If you booked independent arrangements (i.e. car hire, travel tickets, accommodation etc.) please send the booking invoice for each item

If you booked your trip over the internet please ALSO send copies of the confirmation emails you received

If you booked your trip through a travel agent please ALSO send copies of the agents booking confirmation

Evidence to support death benefit claims –

Death certificate (original will be returned to you) or a certified copy

Grant of probate or Letters of Administration

Evidence to support disablement claims –

Medical evidence - in the first instance this should be a medical report from your usual GP detailing the nature of disablement and recovery prognosis

Other insurance –

If you have submitted a claim connected to this one to another insurance company please send copies of all correspondence

To help you with your claim our FAQs can be viewed at www.reactiveclaims.com

Reactive Claims

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Main Office: 01420 383010 | Fax: 01420 558111 | Web: www.reactiveclaims.com

PERSONAL ACCIDENT CLAIM FORM

Please answer **ALL** questions using **BLOCK CAPITALS**

Please note that ALL persons claiming under this insurance MUST be listed on the General Details page if we are to consider their claim.

1. Patients full name:	2. Date of birth: / /	3. Age: yrs.
4. Please provide full details of the nature of your injuries / disability:		
5. Date & time of occurrence if an ACCIDENT: / / time : am/pm	6. Date & time symptoms first appeared if an ILLNESS: / / time : am/pm	
7. Describe the circumstances leading to your accident or the cause of your illness:		
8. Have you <u>ever</u> suffered from this or any connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
9. Are you still incapacitated as a result of your accident / illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
10. Are you still receiving medical treatment for your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
11. Name & address of usual GP:	12. Name & address of the Doctor who attended you:	
13. Date medical attention first sought: / /	14. Expected date of return to work: / /	
15. Name & address of employer at the commencement of disability:	16. Occupation:	
	17. Details of usual daily duties:	
18. Was the injury or illness caused by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
19. Do you have any other insurance that provides cover for Personal Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		

Please use this space for any additional comments you wish to make: