



**Travel & Wintersports Insurance
Claim Form
for
BEREAVEMENT TRAVEL COSTS**

Please fully complete this form and once done forward to Mind The Gap Year, West House, West Street, Haslemer, Surrey, GU27 2AB. It will usually take about a week to 10 days for a claim to be processed.

The section below shows the documents (documents may be sent on at a later date if necessary) which you should enclose in order for us to deal with your claim. They must be **originals not photocopies**. Please tick yes if enclosed and no if not.

- | | | |
|--|--------------------------|--------------------------|
| a) MTGY Certificate Number | <input type="text"/> | |
| a) Receipts for travel. | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Evidence from the treating Doctor that your return was necessary. | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

SIGNATURE

Please sign and date the form on the final page.

TELECLAIMS

If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to telephone you during the course of our normal working hours to discuss your claim and/or request further details. Please advise us of any relevant numbers on which you can be reached.

..... or

Failure to complete these documents above will delay the processing of your claim

And Finally.....

To finalise your claim please sign the declaration below, however before doing so please read the following carefully:-

- Please study the policy wording and read the terms and conditions that relate to your claim
- You are responsible for the cost of obtaining any documentation in support of your claim
- This Insurance contains rights of subrogation and I confirm I assign to insurers all rights of recovery/salvage against any person or organisation and will do whatever necessary to secure such rights.
- Information on this form will be used by insurers to deal with any claim. Insurers may also pass this and any other information to other insurers and organisations involved in dealing with any claim. Insurers also share information to prevent fraud.

DECLARATION

I declare that, to the best of my knowledge and belief, all information stated herein is correct and that the insurance company is subrogated with all rights I may have against any third party(s).

I have not withheld any information from insurers within my knowledge connected with my claim.

I agree to provide further information or documentation that may be reasonably required.

SIGNATURE OF CLAIMANT: DATE:

Warning

Making a fraudulent or knowingly exaggerated claim is a criminal offence and could render the offender liable to prosecution.

Copy

Please take a copy of this claim form and any attachments for your records.