



# Medical Emergency and Travel Expenses Claim Form

## GlobeCover Personal Accident & Travel Insurance

The claimant should complete and sign this form. If the claimant is under 18 years of age, this form should be completed by one of their parents or legal guardians. If the claimant is unable to complete this form, the person completing and signing this form should give their details in the Declaration on page 4.

### PART 1 – DETAILS OF THE INSURED

#### Details of the policyholder (insured company)

Policy number	0015901761			
Name of the company	University of St Andrews			
Address	Collage Gate - North Street - St Andrews			
	Postcode	KY16 9TS	Country	Scotland

Does the claimant work at this address?  Yes  No

If not where does the claimant work? (Please name branch/ subsidiary and location)

#### If you claim as a company representative (HR, Finance, etc) please provide your details

Full name	Kenneth GN Stewart
Position	Insurance Officer
Telephone number	01334 46 2465
Email address	kgns@st-andrews.ac.uk

Is this claim payable direct to the company?  Yes  No

#### Details of the claimant (sick or injured person)

Full name	<input type="text"/>			
Address	<input type="text"/>			
	Postcode	<input type="text"/>	Country	<input type="text"/>
Telephone number	<input type="text"/>			
Email address	<input type="text"/>			
Date of birth	<input type="text"/>			
Occupation	<input type="text"/>			

Relationship to policyholder  Employee  Spouse of an employee  Visitor  
 Contractor  Child of an employee  Other (please state)

If the claimant is a spouse or child of an employee, please provide the name of the employee

**PART 2 – DETAILS OF THE CLAIM**

**Details of the trip**

Travel destination From  To

Scheduled dates of the trip From  To

Travel order number (if applicable)

Reason for travel  Business trip  Leisure  Long term secondment

Country where loss occurred

**Medical expense details**

Details of injury or illness

Time and date the injury or illness occurred

Location where injury or illness occurred

Name and address of the treating medical professional

Did you contact the assistance company?  Yes  No

If yes, please provide a reference number

Have you been hospitalised?  Yes  No

If yes, give dates and details of the treating hospital

Have you suffered from the injury or illness before?  Yes  No

If yes, please provide dates

Are the expenses you are claiming insured by another company?  Yes  No

If yes, please provide the policy number, name of the insurer and their address

Have you had any previous claims on this type of insurance?  Yes  No

If yes, please provide details



## PART 4 - HOW WE USE PERSONAL INFORMATION

We are committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to you or other individuals (e.g. your dependants). By providing Personal Information you give permission for its use as described below. If you provide Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.

**The types of Personal Information we may collect and why** - Depending on our relationship with you, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of our business operations
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance, including compliance with laws outside your country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of marketing communications contact us by e-mail at: **marketing.uk@aig.com** or by writing to: **Head of Marketing, 58 Fenchurch Street, London EC3M 4 AB, United Kingdom**. If you opt-out we may still send you other important communications, e.g. communications relating to administration of your insurance policy or claim.

**Sharing of Personal Information** - For the above purposes Personal Information may be shared with our group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards.

We may search these registers to detect and prevent fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

**International transfer** - Due to the global nature of our business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in your country of residence.

**Security and retention of Personal Information** – Appropriate legal and security measures are used to protect Personal Information. Our service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

**Requests or questions** - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: [DataProtectionOfficer@aig.com](mailto:DataProtectionOfficer@aig.com) or write to Data Protection Officer, Legal Department, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. More details about our use of Personal Information can be found in our full Privacy Policy at [http://www.aig.com/\\_2538\\_371879.html](http://www.aig.com/_2538_371879.html) or you may request a copy using the contact details above.

## PART 5 - DECLARATION

I declare that the whole of the statements made and any other supplementary statements forming part of this claim are true in every respect and understand that a false declaration may invalidate my claim and could result in prosecution.

I give permission for my personal information to be used and shared in the ways described above. I confirm that I will not provide any personal information about another person without that person's permission.

Signed

Date

### Details of the person completing the form (if not the claimant)

Full name

Telephone

Email

Relationship to claimant

Reason for completing the form  
on behalf of the claimant

**Please include the following documents**

- Medical reports and certificates issued by the treating doctor**
- Invoices for all expenses claimed**
- If applicable a copy of your E-HIC or national insurance card**

**THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY.**

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are scanned and emailed or posted to us.

**Email:** [GlobeCover.claims@aig.com](mailto:GlobeCover.claims@aig.com)  
**Post:** GlobeCover Claims, 3<sup>rd</sup> Floor, AIG Europe Limited, The AIG Building,  
2-8 Altyre Road, Croydon, Surrey CR9 2LG, United Kingdom  
**Telephone:** +44 (0)20 8253 7474  
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