



Maven Claims
 Somerset House
 47 - 49 London Road
 Redhill
 Surrey RH1 1LU
 Tel:- 01737 78 3740
 Fax:- 01737 78 3741
 e-mail:- claims@mavenunderwriters.co.uk

Report Form

Medical Expenses Claim

PLEASE COMPLETE ALL QUESTIONS – IF ANY QUESTION IS NOT APPLICABLE PLEASE STATE “N/A”

Name of Policyholder:
Policy No:
Relationship to the policyholder:

Full Name of Insured Person: (Mr, Mrs, Miss, Ms)	Date of Birth:
Full Address:	Postcode:
Tel No. (Business): e-Mail Address:	(Home):
For security purposes please provide a password which will be required to Access your claim information:	

Full Name of Claimants	Date of Birth	Relationship to Insured Person
1		
2		
3		

PLEASE ENSURE YOU SIGN THE DECLARATION ON THIS CLAIM FORM

Maven Underwriters is part of AUM Europe. AUM Europe is a trading name of AON Limited which is authorised and regulated by the Financial Services Authority in respect of insurance mediation activities only.

ACCIDENT/SICKNESS DETAILS

Type of Travel: Business Holiday

Please give exact date and place when injured or taken ill: Date: Place:

If accident, please state fully:-

- (a) Where the accident occurred:
- (b) How the accident occurred:
- (c) The injuries sustained:

If illness, please state full details of your illness:

Have you/the claimant ever suffered from this illness before? Yes No

If YES, please give details with relevant dates:

Please state whether you/the claimant were in hospital? Yes No

If YES, please state dates of hospitalisation Admitted: Discharged:

Have you/the claimant previously claimed under this or a similar policy? Yes No

If YES, please give details:

Are you/the claimant covered under any group private medical scheme i.e. BUPA/PPP
or any similar scheme Yes No

If YES, please give name, address and reference number of company concerned:

Please give name and address of General Practitioner in the UK.

DECLARATION

I declare that all the information given is to the best of my knowledge and belief, full, true and correct.

Signed: _____

Date: _____

DOCUMENTS REQUIRED:

Enclosed

To Follow

Original travel documents (these can be returned to you)

ALL original medical bills

If appropriate, a medical report from your usual Doctor, or Dentist in the case of dental treatment.

Itinerary

PLEASE ENSURE

- ⊖ You have completed ALL relevant questions on this claim form.
- ⊖ You have enclosed all requested information/documentation.
- ⊖ You have signed this claim form.

Failure to do so will result in delay in handling your claim.

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PAYEE ADVICES

All claims payments will be issued payable to the policyholder (your employer/company) and not the claimant unless Maven Claims has received prior authorisation to pay the claimant direct.

However, if you are the claimant and require any payment to be made to yourself, your Company Insurance Administrator or Line Manager will need to provide written/emailed authorisation to Maven Claims.

BANK DETAILS

When the claim has been approved and once we have received written confirmation from the policyholder to issue any payments due direct to the claimant, you may have the payment credited direct to your Bank Account. This payment method is both speedier and safer than payment by cheque. If you would like to take advantage of this arrangement, please complete the following:

Bank Name:

Sort Code:

Bank Address:

Account Number:

Swift/IBAN Code:

Account Name:

Thank you for completing this form.

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