

# Medical claims



Medical/dental expenses, ambulance transportation, medical evacuation, evacuation, compassionate emergency visit, return trip, compassionate emergency repatriation, accompaniment, accommodation, statutory arrangements & home transportation in case of death.

## Claim form

To be completed by the person to whom the claim relates or their parent or guardian if that person is under 18 years old or is under legal guardianship.

Personal data of policyholder	
First name(s)	<input type="text"/>
Family name(s)	<input type="text"/>
Date of birth (day/month/year)	<input type="text"/>
Policy number	<input type="text"/> - <input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
Postal Code	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
Mobile phone	<input type="text"/>
E-mail	<input type="text"/>
Sex (M/F)	<input type="text"/>

Authorisation of person - To complete if necessary	
I hereby authorise	
Name of person (in full)	<input type="text"/>
Relation to insured person	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
E-mail	<input type="text"/>
Phone number (including country code)	<input type="text"/>
To contact Bupa Global Travel on my behalf in relation to policy administration, including but not limited to claims assessment and preauthorisation of treatment, and I give my consent for Bupa Global Travel to exchange information, including medical information with the authorised person for the purpose of such policy administration. I understand that I have the right to withdraw the authorisation at any time by contacting Bupa Global Travel.	

Information about the trip	
Purpose of the trip	<input type="radio"/> Leisure <input type="radio"/> Business <input type="radio"/> Combined
Travel destination	<input type="text"/>
Travel period	
From (date/month/year)	<input type="text"/>
To (date/month/year)	<input type="text"/>



**Details of your doctor in your country of permanent residence**

Name of doctor	
Address	
City	Postal Code
Country	
Telephone	
Fax	
E-mail	

**Information about other insurance**

Do you have insurance cover with another company?  Yes  No

If yes please fill in the information below:

**Travel Insurance:**

Name of company	
Policy No.	

Has the claim been reported to that company?  Yes  No

**Household insurance:**

Name of company	
Policy No.	

Has the claim been reported to that company?  Yes  No

**Information about credit cards**

Do you have a credit card?  Yes  No

If yes, which credit card do you have?

- Visa  MasterCard  EuroCard  American Express  Other \_\_\_\_\_

Which type of credit card is it?

- Basic  Gold  Platinum  Other \_\_\_\_\_

Which bank has issued the credit card?

Name of bank: \_\_\_\_\_

Has your travel itinerary been paid for with your credit card?  Yes  No

If Yes, please remember to enclose documentation which states that your itinerary has been paid for with the credit card (i.e. Itinerary receipt or bank statements).

Please **do not** send us the credit card number **nor** the CVC code.

**Details of the service provided - Please complete with all the required information**

Date of service	Diagnosis	Full name of insured	Description of procedures, medical services	Invoice charges (please state currency)	Charges paid by the insured	Charges outstanding to provider

An additional list of details can be enclosed separately.  
 Bupa Global Travel uses the average exchange rate of the Central Bank of Denmark when calculating the reimbursement.  
 In case you request that the actual applied exchange rate is used, we kindly ask you to enclose documentation with the claim.

**Payment method - Your choice of reimbursement method cannot be altered after the claim has been processed.**

The amount should be reimbursed to:  Policyholder  Provider  Other \_\_\_\_\_

Name	
Address	
City	
State	
Country	

The amount should be reimbursed in the following currency

USD  CHF  EUR  GBP  Other \_\_\_\_\_

Please transfer reimbursement to the following account - Make sure to complete all the information required.

Name of bank	
Address	
BIC / S.W.I.F.T. Code / ABA number	
IBAN	
Account no.	
Account holder	

Please send a cheque to the following address if different from page 1

Payee			
Address			
City		Postal Code	
State			
Country			

**Please attach following documentation**

- Complete report from doctor/dentist/hospital/emergency room/police
- Prescriptions of any medication, you are claiming for
- All invoices and corresponding receipts
- Travel documentation stating date of departure from and date of return to the country of permanent residence

**If we need any further information, we will contact you, when evaluating your claim**

**Please submit this claim form along with the attached documentation to: [traveleclaim@ihi.com](mailto:traveleclaim@ihi.com)**

## Privacy notice

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: [www.global.ihl.com/Service/Privacy+Notice.aspx](http://www.global.ihl.com/Service/Privacy+Notice.aspx). If you do not have access to the internet and would like a paper copy of the full privacy notice, please contact the Bupa Global service team on +45 70 20 70 48. Alternatively, you can email or write to the team via [travel@ihl-bupa.com](mailto:travel@ihl-bupa.com) or Bupa Global, Palægade 8, DK-1261 Copenhagen K, Denmark.

### Information about Bupa Global

In this privacy notice, references to “we” or “us” or “our” are to Bupa Global. For company contact details, visit [www.bupaglobal.com/legal-notices](http://www.bupaglobal.com/legal-notices).

### 1 Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services (“you”, “your”), in any way (for example email, website, telephone, app).

### 2 Ways in which we obtain personal information

We collect personal information from you and from certain third parties (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

### 3 Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

### 4 Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others’ legitimate interests or it is needed or allowed by applicable law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

### 5 Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

### 6 Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

### 7 Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the EEA (the EU member states and Norway, Liechtenstein and Iceland), for the purposes set out in this privacy notice.

### 8 How long we keep your personal information

We keep your personal information in line with periods using the criteria shown in the full privacy notice available on our website.

### 9 Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

### 10 Data Protection Contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at [travel@ihl-bupa.com](mailto:travel@ihl-bupa.com). You can also use this address to contact our Data Protection Officer.

We are regulated by the Data Protection Commissioner ([www.dataprotection.ie](http://www.dataprotection.ie)) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800. You have a right to make a complaint to them or to your local privacy supervisory authority.

## Declaration

I, the undersigned, declare that all information given in this claim form is in accordance with the truth and that nothing is concealed. I authorise Bupa Denmark, filial af Bupa Global DAC, Irland (the Company) to obtain information from any doctor, hospital or insurance company concerning myself for any co-insured in order to process the claim in accordance with the policy conditions.

I have read the Privacy Notice above and give explicit consent to the use of my personal data as set out in it. If I am the parent or guardian of the person to whom the claim relates, then I give explicit consent on their behalf to the use of their personal data as set out in the Privacy Notice above.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Bupa Global Travel ◊ Palaegade 8 ◊ DK-1261 Copenhagen K ◊ Denmark ◊ Tel: +45 70 20 70 48 ◊ Fax: +45 33 32 25 60 ◊ Email: [travelclaims@ihl.com](mailto:travelclaims@ihl.com) ◊ [www.bupaglobal.com](http://www.bupaglobal.com)

Bupa Global Assistance ◊ Tel: +45 70 23 24 61 ◊ Email: [emergency@ihl-bupa.com](mailto:emergency@ihl-bupa.com)

Bupa Global and Bupa Global Travel are trading names of Bupa Denmark, filial af Bupa Global DAC, Irland, Company No. 40168923, a Danish branch of Bupa Global Designated Activity Company (Bupa Global DAC), having its registered address at Palaegade 8 DK-1261 Copenhagen K Denmark. Bupa Global DAC, trading as Bupa Global, regulated by the Central Bank of Ireland, is registered in Ireland under company number 623889.

Bupa Denmark, filial af Bupa Global DAC, Irland is regulated by the Central Bank of Ireland and by the Danish Financial Supervisory Authority (Finanstilsynet) for conduct of business rules.

Bupa Denmark Services A/S, 8 Palaegade, DK-1261 Copenhagen K, Denmark, Company No. 32451780 is an agent for Bupa Denmark, filial af Bupa Global DAC, Irland.