



HealthWatch

Together. Safe. Everywhere.

Tel: **+357 24022713** & **+35724030354** Email: starrclaims@healthwatch.gr

INITIAL NOTIFICATION CLAIMS FORM

PERSONAL DETAILS OF THE CLAIMANT / CARD HOLDER

<i>Name</i>		
<i>Surname</i>		
<i>Date of Birth</i>		
<i>Bank name & Type of card & 4 last digits</i>		
<i>Mobile phone Number</i>		
<i>Email address</i>		
<i>Postal Address & Post Code</i>		
<i>Do you have any other insurance that may also cover this claim (e.g. household or medical or travel insurance) ?</i>		

For Emergency Assistance whilst on your trip please TELEPHONE HWA Assistance, lines are open 24 hours a day. Tel: **+357 24022713** & **+35724030354**. Email: assistance@healthwatch.gr

Please use this form to provide us with an initial notification of your non-emergency claims. Healthwatch claims are open Monday to Friday, 9am to 5pm on the above telephone numbers. Email starrclaims@healthwatch.gr

Please supply us with as much information as you can at this stage to help us respond to you as quickly as possible. Upon receipt of this form we will make a record of your request and will contact you within 5 working days (Monday to Friday) with a specific form for any additional information we will need in order to process your claim. Please note that HWA acts as the claims and assistance TPA and are appointed by the Insurer.



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POTENTIAL CLAIMS SECTION - AMOUNT TO BE CLAIMED

Please complete the table below to give guidance on the sections you are claiming under and to help you know what part of the wording to refer to and what documents will be needed.

1a	Trip Cancellation (card holder)	€
1b	Trip curtailment	€
2	Personal accident	€
3a	Medical expenses abroad	€
3b	Daily hospital benefit abroad	€
4a *	Baggage and personal items (lost/stolen and /or damaged)	€
4b *	Baggage delay (card holder)	€
5a	Cash/Money (stolen and /or destroyed)	€
5b	Passport/Id card replacement	€
6a *	Delayed departure	€
6b *	Trip abandonment	€
6c *	Missed connection flights (in trip)	€
7/8	Personal Liability/Legal expenses. (third party incidents)	€
10	Business document loss/damage	€
13	Lost or stolen domestic keys	€
14	Purchase protection insurance	€



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DESCRIPTION OF CIRCUMSTANCES OF INJURY OR INCIDENT

Please tell us as much as you can about the circumstances of your claim. Please also list any documents, receipts, or reports that you have attached with this form. Please continue a separate sheet if you need more space. If you are claiming for other people, please list their names and relationship to you if not included on your policy document.

Declaration:

I declare **knowing the consequences of the law for false statements:**

- That I do not hold any other insurance to claim for this incident.
- That I have bought the flying tickets both ways with a BOC card
- That at least 50% of the amount for the round journey has been pre-paid by a BOC insured card as defined within the insurance contract.
- That the member/s for which I am claiming for are member/s of the family as described in the terms and conditions of the policy.

I understand that any fraudulent Claims may result in legal action being taken and the immediate cancellation of coverage. If submitting any information on behalf of others, I confirm that I am doing so with their knowledge and permission. I declare that the information shown on this form and any accompanying documentation is true and correct and I consent to its use for the purpose of this potential Claim. I further declare that I agree to be bound by the terms, conditions and exclusions detailed in the policy wording issued to me.

Signature:

Date:



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CONSENT TO DISCLOSURE OF PERSONAL DATA

Under the Regulation (EU) 2016/679 we require your consent to the release of personal information relating to the Insured to ourselves and to your Travel Insurers, on whose behalf we act as Agent. We would therefore be grateful if you would complete, sign and return the enclosed form as soon as possible to either the fax or email address above. Please be aware that we share personal information with third party agents for audit purposes and in order to complete our task as an insurance assistance and TPA.

In accordance with the Access to Regulation (EU) 2016/679, I understand that my statutory rights under this Act entitle me to:

- I I. Withhold my consent
- II II. Ask to delete all my Data
- III III. Ask to modify My Data
- IV IV. Ask for access to my Data
- V V. Ask for the transfer of my data to another person or company

The data will have kept and used only and strictly for the management of claims and assistance services required and not for any other reason up to a maximum of 7 years.

I agree that a copy of this consent shall have the validity of the original. Why are we asking you to sign this form?

There are several possible reasons why we have sent you this form to sign. These are detailed below, along with the purpose to which your personal information might be put in each case.

1) This information may then be passed to your insurers for the purposes of determining your eligibility to benefits under your travel insurance policy. Personal information may also be made available to the Underwriters retrospectively to allow assessment or settlement of your claim. In addition, this consent will allow us to pass details of your claim to the Travel Insurers if they request such information in the course or the settlement of your claim.

Do you have to sign?

Most travel insurance policies require you to allow the Claims Department and Insurers access to your personal data. If you decide not to sign this consent we will refer your case to your Travel Insurers so that they may assess your entitlement to benefits under the policy in the absence of required information. If the Insurers cease to cover you we may not be able to continue to provide Assistance

Signature :

Date: