



Please Complete, Sign and return to your O'Leary contact as soon as possible

We give claims our greatest possible care and try to deal with them as quickly as possible – because we know that this is important to you when you submit a claim. Please help us to help you by:

- making sure that the information you give is as clear and complete as possible
- remembering to sign and date this form
- please attach a copy of your Schedule of Insurance

Please complete the sections of this form appropriate to your claim.

If you are reporting an incident where someone is, or may be, holding you legally responsible, write to us giving full details of the incident

**FOR ALL CLAIMS PLEASE COMPLETE THIS SECTION**

**INSURED**

Name of Insurer: \_\_\_\_\_ Policy / Cert No.: \_\_\_\_\_  
 Name of Policyholder: \_\_\_\_\_ (Mr/Mrs/Miss/Ms)  
 Name of Person claiming (if different from above): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_  
 Date of Incident: \_\_\_ / \_\_\_ / \_\_\_ Place: \_\_\_\_\_ Country: \_\_\_\_\_

**INSURANCE DETAILS**

Where was Insurance Purchased? \_\_\_\_\_  
 Date Insurance was issued: \_\_\_ / \_\_\_ / \_\_\_ Date Trip was booked: \_\_\_ / \_\_\_ / \_\_\_  
 Departure Date: \_\_\_ / \_\_\_ / \_\_\_ Return Date: \_\_\_ / \_\_\_ / \_\_\_

**1. CANCELLATION / CURTAILMENT**

Name of Person causing Cancellation / Curtailment: \_\_\_\_\_ Date Trip Cancelled / Curtailed: \_\_\_ / \_\_\_ / \_\_\_  
 Reason for Cancellation / Curtailment: \_\_\_\_\_  
 Date it became necessary to Cancel / Curtail: \_\_\_ / \_\_\_ / \_\_\_

**LIST OF ALL PEOPLE CANCELLING:**

Name	Age	Relationship to Person causing Cancellation / Curtailment:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total paid by you to Agent / Tour Operator: € \_\_\_\_\_

Total refunded by Agent / Tour Operator: € \_\_\_\_\_

- N.B.:
- (A) You must submit receipts to support the amount paid by you to the Agent / Tour Operator.
  - (B) Please request a Cancellation invoice from the Agent / Tour Operator and forward same to us.
  - (C) The Medical Certificate (back page) must be completed by the usual GP of the ill / injured person.
  - (D) We require all of the travel tickets in connection with the Cancelled / Curtailed trip, used and unused.



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**2. TRAVEL / DELAY**

Reason for Delay: \_\_\_\_\_

Scheduled time and date departure: \_\_\_\_\_ am  pm

Actual time and date of departure: \_\_\_\_\_ am  pm

Scheduled time and date arrival: \_\_\_\_\_ am  pm

Actual time and date of arrival: \_\_\_\_\_ am  pm

N.B.: - Please forward written confirmation from Airline confirming the above.

**3. MEDICAL EXPENSES**

Reason for Medical Bills:

Date first became ill/injured: Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am  pm

Give details of any Medical Condition for which treatment was being received prior to arranging Insurance:

Are the attached Medical Bills in respect of: Outpatient Treatment      Inpatient Treatment

If you were an inpatient, please advise:                      Time and Date admitted Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am  pm

Time and Date discharged Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am  pm

Was our Emergency Service contacted by you or on your behalf in relation to this incident: Yes No

Please state your V.H.I. Policy Number (or any other Private Health Insurance Number):

Do you pay PRSI contributions? No  Yes

N.B.: - You must provide the Original Documents; photocopies are not acceptable.

**DETAILS OF MEDICAL EXPENSES**

Nature of Expenses	Local Currency	€Equivalent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Claimed € \_\_\_\_\_

**4. MISSED DEPARTURE / CONNECTION**

Scheduled Time of Departure: Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am  pm

Reason for missed Departure / Connection:

Please outline the alternative arrangements which you made: \_\_\_\_\_

\_\_\_\_\_

N.B.: - We require a note from the provider of the service which caused the delay stating what happened.



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**5. BAGGAGE DELAY**

Please provide the Property Irregularity Report (PIR) provided by the Airline along with all the relevant receipts in relation to the necessary purchases as a result of the baggage delay.

Items Purchased:	Price Paid €
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**6. BAGGAGE & MONEY**

Please provide full details of how the loss / damage occurred. (Use separate sheet if necessary.)

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Date/Time/Place of Incident:

Date: \_\_\_/\_\_\_/\_\_\_                      Time: \_\_\_\_\_ am  pm                       Place: \_\_\_\_\_

Was the loss reported to the Police? No  Yes

Was the loss reported to the Carrier (e.g. Airline, Shipping, Coach Company)? No  Yes

Date & Report Time: Date: \_\_\_/\_\_\_/\_\_\_                      Time: \_\_\_\_\_ am  pm                       Report No.: \_\_\_\_\_

If the loss involves theft from a Hotel / Apartment Security Box, are you processing a claim against the Hotel / Apartment? No  Yes

Please state the Name and Address of the Insurers of your Household Insurance along with the Policy Number:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**DETAILS OF LOSS OR DAMAGE TO BAGGAGE:** (Please list each item separately in the spaces provided)

Owner of Item	Description of items (Make & Model)	Where purchased (shop name)	Date of Purchase	Price paid €	Deduction for Wear & Tear €	Amount claimed €
Total Amount claimed €						



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**DETAILS OF LOSS OF CASH:**

Owner of Cash	Obtained Where	Date obtained	Type of Currency	Amount claimed €
Total amount claimed €				

N.B.: -

- (1) You must provide original purchase documents for the lost / stolen items, receipts, Visa / Access bills, guarantee cards, instruction booklets are all acceptable.
- (2) For DAMAGED items: Repair / Dry Cleaning estimate OR Confirmation that the item is not capable of being repaired or cleaned to be obtained from an appropriate specialist retailer.
- (3) All baggage and cash claims must be accompanied by either a Police report or if more appropriate a Property Irregularity Report.

**MEDICAL CERTIFICATE (Cancellation / Curtailment Only):**

To be completed by the usual Medical Practitioner of the ill / injured person. This information will be treated as Private and Confidential.

Please complete in BLOCK CAPITALS:

1. Name of Person to whom these Medical details apply: \_\_\_\_\_
2. Please outline the exact nature of the illness / injury which makes cancellation of the trip medically necessary and prevents travel – or – necessitates the early return of the patient's family. \_\_\_\_\_  
\_\_\_\_\_
3. (a) Date on which you were first consulted regarding the illness/injury: \_\_\_/\_\_\_/\_\_\_  
(b) Dates on which you were previously consulted regarding this or any other similar illness/injury: \_\_\_\_\_
4. (a) Was this Patient awaiting inpatient treatment? No  Yes   
(b) Date placed on waiting list: \_\_\_/\_\_\_/\_\_\_
5. If cancellation is due to pregnancy, please advise:  
(a) Date of confinement: \_\_\_/\_\_\_/\_\_\_  
(b) Date pregnancy confirmed: \_\_\_/\_\_\_/\_\_\_  
(c) Details of illness / injury which gave rise to your recommendation not to travel: \_\_\_\_\_
6. Date on which you advised this holiday should be cancelled / curtailed: \_\_\_/\_\_\_/\_\_\_
7. Please confirm that your Patient was fit (to travel) when this insurance was issued. No  Yes
8. General remarks – please give any general comments you may have. \_\_\_\_\_  
\_\_\_\_\_

I have examined the patient and / or referred to his / her Medical Records and I declare that the Medical information given is correct and that no details relevant to the case have been omitted.

Name and Qualification: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Signed: \_\_\_\_\_



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**DECLARATION**

Have you made any previous claims for loss, theft or damage at any time (whether accepted or not)? No  Yes

If YES, please give full details of name(s) and address(es) of the insurers together with approximate date(s) and claims reference number(s). (Attach a separate sheet if necessary) \_\_\_\_\_

I / We declare that to the best of my/our knowledge and belief all statements made in respect of this claim are correct.

Claimants Full Name(s):

Signed for and on behalf of all persons to whom these details apply.

Claimants Signature(s):

Date: \_\_\_ / \_\_\_ / \_\_\_

Claimants Signature(s): \_\_\_\_\_

*THE MAKING OF A FRAUDULENT CLAIM IS CRIMINAL OFFENCE*