



CLAIMANT'S STATEMENT

Trip Interruption Claims

PART A: Complete for all claims. **All Checks and Correspondence Will Be Sent To The Address Below**

Claimant (Insured) Name:		Reason for claim: <input type="checkbox"/> Injury / Sickness <input type="checkbox"/> Death <input type="checkbox"/> Destruction of Principal Residence
Sex:	Birthdate:	
Home Telephone:		Mailing Address (include Street Address, City, State, Country, and Postal Code):
Work Telephone:		
Fax Number:		
E-mail address:		
Plan Number:		Certificate Number:

Citizenship of Claimant: _____ Home Country of Claimant: _____

(Country where you principally reside & receive regular mail)

Country Visited: _____
(Tokio Marine HCC - MIS Group may request a copy of your passport)

Part B: Complete only the section appropriate for the reason of your Trip Interruption claim (Injury / Sickness, Death, or Destruction of Principal Residence).

Injury / Sickness

Please attach medical records and physician documentation indicating that travel was prevented due to the injury or sickness

1. Person injured / sick _____ Relationship _____
2. When did the injury occur or sickness begin? State fully all symptoms and describe the condition in detail from the beginning.
3. Has the injured / sick individual ever been treated for the same kind of injury or sickness? Yes No
If yes, when?
4. Name, address, and telephone number of attending physician.
5. Name, address, and telephone number of family physician, even if not consulted.

Death

Please attach a copy of the death certificate showing cause of death

1. Deceased Name _____ Relationship _____
2. Please indicate the circumstances of death (details of injury or sickness from which death resulted).



3. If death followed medical treatment for an injury or sickness, please provide the name, address, and telephone number of attending physician.

4. Name, address, and telephone number of the deceased's family physician (even if not consulted).

Destruction of Principal Residence

Please attach a copy of the documentation filed with your homeowner's or renter's insurance.

1. Please provide the name, address, and telephone number of your homeowner's or renter's insurance company.

Part C: Complete for all claims.

I verify that all information contained in this form is true, correct and complete to the best of my knowledge. I authorize any licensed doctor, practitioner of the healing arts, hospital, clinic, health related facility, pharmacy, government agency, insurance company, group policyholder, employee or benefit plan administrator having information as to the care, advice, treatment, diagnosis or prognosis of any physical or mental condition, or the financial or employment status of the insured named below, to provide this information to Tokio Marine HCC - Medical Insurance Services Group. I understand that I have the right to receive a copy of this authorization upon request. A copy of this shall be as valid as the original. This authorization is valid for twelve months from the date signed:

Signature of Insured:

Print Name:

Date:

Signature of Patient:

Print Name:

Date:

DIRECTIONS:

1. Please complete all parts of this form. Ensure that the patient or next of kin signs the authorization for all claims due to injury / sickness or death.

2. Attach documentation as proof of loss:
 - Documentation as requested above
 - Proof of payment for the Trip (such as cancelled check or credit card statements)
 - Proof of refunds received and copies of applicable tour operator or Common Carrier cancellation policies

3. If the injury, sickness, or death was a result of an accident, please complete the Accident Questionnaire, available in the "Downloads" section of www.hccmis.com.

4. Mail to: Tokio Marine HCC - MIS Group
Box No. 2005
Farmington Hills, MI 48333-2005

5. If you have any questions, please call 1-800-605-2282. If calling from outside the US, call collect to (317)262-2132.

INDIANA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.