

DENTAL EXPENSES CLAIM FORM

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|--|--------------------------------|
| | Claim Reference Number: |
| | Policy Number: |

Thank you for your recent claim notification. Please ensure you read the below instructions carefully for returning the claim form and supporting documentation.

Claim form and supporting documentation:

1. Please complete all sections relevant to your claim, sign and date the form. **Please note an incomplete application will delay the processing of the claim.**
2. You must return this form to the postal address listed above and attach the following **ORIGINAL** documentation:
 - Booking Invoice/Travel Tickets showing travel dates
 - Full dental report confirming the symptoms you presented with and treatment received
 - Original receipt(s) for dental treatment / pharmacy

As the circumstance of each claim differs, on receipt of your claim form, it may be necessary for us to request additional information not outlined in the checklist above. **Failure to provide the above documentation may delay the processing of your claim.**

3. You must as part of the policy terms and conditions declare if you have any other insurance in force at the time of your claim (this includes any insurance which may have been provided in association with your bank account).

If you have any queries or require assistance in completing the claim form please do not hesitate to contact us. Please have your claim reference number to hand.

Yours sincerely,



For and on behalf of
Mapfre Assistance Agency Ireland Claims

DENTAL EXPENSES CLAIM FORM

| |
|--------------------------------|
| Claim Reference Number: |
| Policy Number: |

(Please see first page of claim form for your reference)

(Please see first page of claim form for your policy number)

Please complete all sections in **BLOCK CAPITALS**

SECTION A

CLAIMANT DETAILS

| | | | |
|----------------|--|--------------------|--|
| Title: | | Gender: | |
| Forename: | | Surname: | |
| Date of Birth: | | Occupation: | |
| Address: | | Home Phone Number: | |
| | | Work Phone Number: | |
| | | Mobile Number: | |
| | | Email Address: | |

TRIP DETAILS

| | | | |
|-----------------|--|-------------------|--|
| Tour operator: | | Booking agent: | |
| Destination: | | Date trip booked: | |
| Departure date: | | Return date: | |

SECTION B

ANY OTHER INSURANCE DETAILS:

Travel Insurance policy? YES NO

Insurance with your bank account / bank card? YES NO

Any other insurance policy which may cover this loss? YES NO

If Yes to any of the above, please provide Company Name & Policy Number: _____

PREVIOUS CLAIMS HISTORY:

Have you made ANY insurance claim in the past 3 years? (If yes, please provide details below) YES/NO

| Year | Type Of Claim | Amount Claimed | Company |
|------|---------------|----------------|---------|
| | | | |
| | | | |

DECLARATION: Insurers and their agents share information to prevent fraud and for underwriting purposes. This document, information provided when taking out the Policy and relevant facts form the basis of your claim and may be shared or used for audit purposes. It is a criminal offence to make a fraudulent claim. We investigate all cases and any person suspected of fraud is reported to the Police/Gardai with whom we always cooperate in effecting a prosecution. I/We understand that you may seek information from other insurers to check that the information provided above is truthful and that details of this claim can be used for audit purposes. I/We understand that you may request information from medical providers abroad in relation to a claim where medical advice was sought. I/We declare that to the best of my/our knowledge and belief that all the information I/We have given is correct. I/We have not withheld any information connected with this incident and agree to provide any further information or documentation as may be required. I understand that the insurer does not admit liability by the issue of this form.

ALL PERSONS CLAIMING MUST SIGN BELOW:

| Name (please print) | Signature | Date |
|---------------------|-----------|------|
| | | |
| | | |
| | | |

SECTION C

INCIDENT DETAILS

Please detail the circumstances giving rise to your claim (If injury, please outline in detail how the injury was sustained):

Date symptoms first began / injury occurred: _____

Kindly confirm if your dental treatment was required to alleviate pain? _____

EXPENDITURE DETAILS:

| Date Expense Incurred | Description | Amount Paid | Refund Amount | Claimed Amount | Office Use Only |
|------------------------------|--------------------|--------------------|----------------------|-----------------------|------------------------|
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SECTION D

(NB Payment cannot be issued unless all below details are provided)

Bank Name and Branch: _____

Account Holder's Name: _____ Account Number: _____

Sort code: _____ IBAN Number: _____

DATA PROTECTION

The information you provide about yourself and third parties will remain confidential and may be used for the provision and administration of insurance products and related services. Such information may be disclosed in confidence for these purposes to agents or services providers appointed by MAPFRE ASSISTANCE Agency Ireland, regulatory bodies, other insurance companies (directly or via central register) and other MAPFRE Group companies inside and outside the European Economic Area, in confidence. This information will be processed and held on our computers and manual records subject to the provisions of the Data Protection Acts 1988 and 2003 and by providing us with your information and proceeding with this contract, you consent to all of your information being used, processed, disclosed, transferred and retained for the purposes of insurance administration (including underwriting, processing, claims handling and fraud prevention).

You have a right to request, a copy of the personal data MAPFRE ASSISTANCE Agency Ireland holds about you by sending a request in writing to the Data Protection Officer, MAPFRE ASSISTANCE Agency Ireland, Ireland Assist House 22-26 Prospect Hill, Galway, together with the payment of the applicable fee (currently €6.35). There is also a right to correct any inaccuracies in the personal data we hold about you.