

Canopus Underwriting Limited

Medical & Other Expenses Insurance

(Yacht Crew)

Claims Form

Thank you for notifying us of your claim.

Please provide full supporting documents and answer all questions in full.

Please refer to the guidance notes for documentation we require.

Please return the completed form to your Insurance Broker or the office detailed below.

Canopus Underwriting Limited

Gallery 9, One Lime Street
London EC3M 7HA

Tel. 020 7337 3700

Fax. 020 7337 3999

Canopus Underwriting Limited is an appointed representative of Canopus Managing Agents Limited which is authorised and regulated by the Financial Services Authority



CANOPIUS

Guidance Notes

Please note that if you are unable to supply any of the evidence we request, you should include a separate covering note explaining this. This will enable us to deal with your claim promptly.

In all cases, original documents must be provided. We are unable to accept photocopies (unless stated).

It is important that you provide evidence to support ownership and value of items. We appreciate that this may not always be possible. You should submit items marked* wherever you can. In some instance you might be able to provide photographs of items claimed for. These may help us in our assessment of your claim.

Please provide the following for all claims:

- Any tickets (used or unused) that relate to this travel.
- A copy of your Certificate of Insurance or Insurance Schedule.
- The medical certificate on the back of this claim form must be completed by the treating medical practitioner of the ill/injured/deceased person. If the claim form is returned and the medical certificate is not completed, we reserve the right to require its completion at a later stage.

For medical and other expenses (including the additional cost of return to their usual country of residence) claims the following should be provided:

- Invoices from service providers showing charges made against you, together with all receipts you received confirming payment.
- If you returned earlier or later than planned you should submit the medical certificate issued by the doctor who treated you abroad showing that your return was necessary on medical grounds.
- If you received treatment in an EEC country you should submit a completed EHIC card form which can be obtained from your local Post Office. You must also complete and sign the disclaimer section on the claim form.

For curtailment claims the following should be provided:

- The medical certificate issued by the doctor who treated you abroad showing the medical need to return home earlier than planned

Check List

The following is provided for your convenience to enable you to check that you have sent the appropriate information to us.

- | | | | |
|---------------------------------------|--------------------------|-----------------------------|--------------------------|
| ■ Booking invoice | <input type="checkbox"/> | ■ Claim Form | <input type="checkbox"/> |
| ■ Medical Certificate completed | <input type="checkbox"/> | ■ Death certificate | <input type="checkbox"/> |
| ■ Insurance Certificate | <input type="checkbox"/> | ■ All used / unused tickets | <input type="checkbox"/> |
| ■ Medical Certificate obtained abroad | <input type="checkbox"/> | ■ Expense receipts | <input type="checkbox"/> |
| ■ EHIC | <input type="checkbox"/> | | |
| ■ Date claim form posted _____ | | | |

Policy Number _____ / _____ Date Issued _____

Insurance issued by _____

(agent's name and address) _____

Date Trip Booked _____ Date of Departure _____ Date of Return _____

Crew Member's Surname _____ Initials _____ Title (Mr/Mrs etc) _____ Date of Birth _____

Name of the ill/injured person (if different from crew member) _____

Name of Policyholder (if different from crew member) _____

Name of Vessel _____

Address for correspondence _____

Postcode _____ Occupation _____

Telephone Number _____

Fax Number _____ Email address _____

Details of illness/injury suffered _____

Date illness/injury commenced _____

Was the 24 hour emergency service contacted? YES / NO If YES please confirm by who _____

_____ and date of initial contact _____

If the injury was the result of an accident please give full details including dates and the names of any other parties involved with their insurance details if known. _____

Date and time of admission to hospital _____ Date and time of discharge _____

Name and address of hospital _____

Expenses incurred

Date expense incurred	Name and address of service provider	Was an E111 presented? YES/NO	Amount of expense. Please indicate clearly the currency	Paid by you? YES/NO	For office use only

DISCLAIMER The following should be completed and signed by those who incurred medical expenses in an EC Country

I hereby consent to **Underwriters** seeking reimbursements of medical expenses paid by them out of Medical treatment received in (country) _____ from an illness/injury which commenced on (date) _____

Signed _____

Date _____

PLEASE NOTE THAT ALL CLAIMANTS MUST SIGN THE DECLARATION BELOW

Do you have Private Health Insurance? YES/ NO

If YES please provide

Insurance Co. Name _____

Address _____

Policy No. _____

DECLARATION

I understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. I confirm that the information given on this form and information provided by myself on pages attached to this form is, to the best of my knowledge and belief, true in every respect and that the amounts claimed have not been refunded to me or claimed from any other source.

YOU MUST READ THE DECLARATION BEFORE SIGNING.

PLEASE READ AND SIGN THE ACCESS TO MEDICAL RECORDS CONSENT FORM OVERLEAF

Signed _____

Date _____

Please use additional paper if space provided on this form is insufficient, please attach additional paper when submitting this form.

Number of additional pages attached : _____