

Travel Claim Form



Type of insurance VÍS Credit card

Name of policy/cardholder _____ ID no. _____

Telephone/mobile _____ Email _____

Name of claimant _____ ID no. _____

If other than policy/cardholder

Was the trip paid for with a credit card? Yes, please provide card details below No

VISA Mastercard American Express

Card number _____ Valid until _____ / _____ 20 _____

Credit card issuer: Íslandsbanki Landsbankinn MP banki Byr sparisjóður Arion banki
 Sparisjóður Other

If my claim is approved, please deposit compensation into my bank account

Bank account no. _____ ID no. _____

Is there a valid travel insurance policy in force with another insurance company? Yes No

If yes, please name the company: Sjóvá TM Vörður VÍS

The trip was a: Holiday trip Business trip Educational trip

Organised by: Own arrangement Travel agency, please specify _____

Place of destination _____ Country _____

Scheduled dates of travel: From: _____ / _____ 20 _____ To: _____ / _____ 20 _____

Confirmed return date: From: _____ / _____ 20 _____

Type of injury, loss or damage: Overseas medical expenses Return trip/companion expenses
 Travel curtailment Trip cancelled due to inability to travel
 Travel delay Baggage damage
 Liability claim Traffic accident involving rental car
 Other _____

Supporting documentation confirming the trip, the insurance contract and the injury, loss or damage

Make sure to check which supporting evidence is necessary, and do not send the Claim Form until all supporting documentation is prepared and ready to be submitted. In the case of travel delay or baggage delay, you can send written evidence by fax; otherwise, you can do so by regular post. **It is important that the cardholder's ID no. accompany all the submitted evidence.**

The following written evidence must accompany the Claim Form

1. The invoice from the tour operator indicating the departure date, return date and the names of the passengers
2. Confirmation of the payment of travel expenses with credit card, if applicable
3. The policy number of the supplemental insurance policy, if applicable

Additional information, if applicable

Health and accident claim

Original copies of foreign medical bills.

Supporting documentation from the relevant healthcare institution confirming the illness, accident, medical treatment, length of hospital stay and medical treatment. Informed consent

Travel curtailment

Physician's confirmation concerning the reason for travel curtailment

Payment receipts for additional expenses because of the travel curtailment

Inability to travel due to illness

Confirmation by tour operator regarding the date and time when the trip was cancelled and refunding by the tour operator

Delay of a public transport

Confirmation by carrier regarding reasons for delay, the estimated arrival time at destination and the actual arrival time

Theft, robbery, burglary, fire and vandalism

A police report from the relevant country that confirms the occurrence and the value of the lost items

Confirmation by the tour guide/safety office concerning the event of loss or damage

Supporting documentation concerning the lost/damaged items, cf. purchase receipts, warranties, brochures etc.

A completed form supporting the baggage claim

Damages/loss of baggage during transport

NOTE: The claimant must notify the airline of the loss of or damage to baggage immediately on landing or within seven (7) days by means of the appropriate form (P.I.R form)

A copy of the report by the carrier, cf. the P.I.R form, that confirms the loss of or damage to baggage

Supporting documentation concerning the lost/damaged items, cf. purchase receipts, warranties, brochures etc.

Completed form supporting the baggage claim

Delayed baggage delivery

Statement by the carrier clearly confirming the actual length of the delay.

Other claims

Please contact VÍS Sales and Services Division (Thjónustuver VÍS) in telephone 560 5000 to receive information regarding what supporting documentation is required.

I hereby declare that I have answered all questions truthfully and according to the best of my knowledge. I have not withheld any information that might be of importance to VÍS in connection with determining and assessing the liability for compensations as regards the above event. Furthermore, I authorise the company gather any necessary supporting evidence from the seller of the travel tickets, the card companies and the insurance companies, as applicable

Signature of the insured

Date and place

Signature of the policyholder

Informed consent



To be completed by claimant

Date of loss, damage or injury _____

Informed consent

I authorise VÍS, ID no. 690689-2009 to gather information and supporting documentation from physicians, hospitals, healthcare centres and other medical treatment institutions/treatment entities about my current health as well as information about previous/more recent illnesses and accidents that are important for the assessment of the liability to pay and the indemnification claim.

Furthermore, I authorise VÍS to gather any necessary information and supporting evidence about income/payments and entitlements from Tryggingastofnun Ríkisins (The State Social Security Institute), pension funds, unions, employers and tax authorities as necessary for determining the amount of the compensation claim. Likewise, I authorise VÍS to submit inquiries to my former/present employer about any period(s) of inability to work that may be attributed to the above event.

VÍS may also obtain reports and statements from the Administrator of Occupational Safety and Health concerning the accident for which this claim form is being filed. Finally, VÍS may gather any necessary information and supporting evidence about earlier claims for other insurance companies as may be necessary for determining liability to pay compensation and the amount of the compensation claim with respect to the above occurrence.

All information will be treated as confidential. The above statement entails an approval to process personal data pursuant to Act No. 77/2000. This approval may be revoked at any time by written notice to VÍS.

Date and place

Signature and ID. no of claimant

Signature and ID. no of witness 1

Signature and ID. no of witness 2