

Claims

You must comply with the following conditions to have the full protection of **your** policy. If **you** do not comply **we** may at **our** option cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

For Health Related issues: contact **Healthcheck247** at www.healthcheck247.com or by calling **+44 (0) 333 207 0588**

Claims

For all claims contact us at: Claims Settlement Agencies, 308-314 London Road, Hadleigh, Essex, SS7 2DD UNITED KINGDOM

Tel: 01702 553443

E-mail: info@csal.co.uk

To **download a claim form** please visit **www.csal.co.uk**

The fastest and easiest way to make a claim is online at www.submitclaim.co.uk/cty
The process should take approximately 10-15 minutes to complete (depending on the type of claim), but before continuing **you** should ensure **you** have **your** policy certificate, trip dates, supporting documentation and details of the incident.

For all claims, please quote Master Policy Number: 90058419AB, and Citybond Spain.

Please note: All claims must be notified as soon as it is reasonably practical after the event which causes **you to submit a claim.**

Late notification of a claim may affect **our** acceptance of a claim or result in the amount **we** pay being reduced.

Claims Settlement Agencies are open Monday to Friday between 9am and 5pm. A claim form will be sent to **you** as soon as **you** tell them about **your** claim.

We will ask the claimant to complete a claim form and to provide at their own expense all reasonable and necessary evidence required by **us** to support a claim. If the information supplied is insufficient, **we** will identify the further information which is required. If **we** do not receive the information **we** need, **we** may reject the claim. For further details about claims, please refer to '**General conditions**' on pages 16-17.

To help **us** prevent fraudulent claims, **we** store **your** personal details on computer and **we** may transfer them to a centralised system. **We** keep this information in line with the conditions of the UK Data Protection Act 2018 which incorporates the General Data Protection Regulation (EU)2016/679.

. To submit a claim **you** must do the following:

- Produce **your** insurance validation documentation confirming **you** are insured before a claim is submitted;

- Give **us** full details, in writing, of any incident that may result in a claim under any section of the policy at the earliest possible time. Provide all necessary information and assistance **we** may require at **your** own expense (including, where necessary, medical certification and details of **your** National Health Number, or equivalent, and Private Health Insurance).
- Pass on to **us** immediately every writ, summons, legal process or other communication in connection with the claim.
- Provide full details of any House Contents and All Risks Insurance policies **you** may have.
- Ensure that all claims are notified within 3 months of the incident occurring.
- Not abandon any property to **us** or the claims office.
- Not admit liability for any event or offering to make any payment without **our** prior written consent.

If **we** are required to do so, **we** can:

- Make **your** policy void in the case of gross negligence or wilful misconduct committed by **you** or any claim is found to be fraudulent.
- Take over and deal with, in **your** name, the defence / settlement of any claim made under the policy.
- Subrogate against the responsible party and take proceedings in **your** name, but at **our** expense, to recover for **our** benefit the amount of any payment made under the policy.
- Obtain information from **your** medical records (with **your** permission) for the purpose of dealing with any medical claims. No personal information will be disclosed to any outside person or organisation without **your** prior approval.
- Cancel all benefits provided by this policy without refund of premium when a payment has been made for cancellation or **curtailment** of the **trip**.
- Only pay a proportionate amount of the claim where there is other insurance in force covering the same risk and to require details of such other insurance.
- only make claims payments by electronic BACS transfer, unless otherwise agreed by **us**.

It is advisable to retain copies of all documents when submitting your claim form.

For full details of the claims process, please refer to your policy document.

You can also contact us using the details below

Telephone	0333 207 0506
Email	info@citybond.co.uk
Post	109 Elmers End Road Beckenham, Kent BR3 4SY

Citybond Suretravel is a division of Citybond Holdings Ltd., which has been trading since 1983. We are Authorised & Regulated by the Financial Conduct Authority

Policy arranged by

Citybond
Suretravel
superior travel insurance

In a medical emergency abroad

- First check that the circumstances are covered by this policy
- Telephone 24 hour/365 days tiffgroup-assistance on:
+44 (0)333 003 7155
- Quote Master Policy Number 90058419AB, and Citybond Spain

Important telephone numbers

Medical assistance abroad	+44 (0)333 003 7155
Claims	+44 (0) 1702 553443 (opening hours Monday to Friday 9am to 5pm) or www.submitclaim.co.uk/cty
Medical screening	+44 (0) 333 207 0588 or www.healthcheck247.com