Independent schools

Pupil absence insurance claim form

endsleigh
insurance

Part of HOWDEN

Find your possible at **endsleigh.co.uk**

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Part of **HOWDEN**

Claims for reimbursement of school fees must be submitted as soon as the pupil is certified fit and returns to the school. Claims for individual terms should be submitted separately and within 30 days of the end of the term they relate to.

Section 1

To be completed by the fee payer. If the claim is for a pupil absence of 14 consecutive days or more, Section 3 must be completed by the pupil's General Practitioner.

Name of pupil: ....   Date of birth: ....

School name: ....

Name of fee payer: ....

Address of fee payer:

....

....

....

....

Postcode: ....

Contact number: ....   Email address: ....

How do you wish to be contacted?   Phone: Email:
(Please tick all the apply)

Date of incident/illness: ....   Date of incapacity   From: ....
   To: ....

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Please describe the circumstances leading up to and surrounding the incident:

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Please confirm the number of days/terms missed that you are claiming for: ....

Have you received any refund from the school for your fees? If so how much? ....

Please confirm the amount you are claiming for: ....

Are you aware of any other insurance that may cover this loss?   Yes: No:

Once Section 1 and 3 of the form have been completed, it must be returned to the school to complete Section 2 who will forward to the Claims Team: pupil.claims@endsleigh.co.uk

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Section 2

To be completed by the school

Name of school: ....

Postcode: .... School policy number: ....

Name of pupil: ....

Boarder or day pupil: Boarder   Day

Total termly fees: ....

Dates of absence   First day: ....   Last day: ....

Please confirm that the school fees being claimed have been paid and are not outstanding:

     Paid   Outstanding

Name of school official: ....

Signature of school official: ....   Date: ....

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Section 3

To be completed by the pupil's General Practitioner if the claim is for a pupil absence of 14 consecutive days or more.

Are you the patient's usual doctor?   Yes: No:

Please give full details of the injury/illness and dates of incapacity:

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When did the patient first receive medical attention for this condition?

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Has the patient ever suffered with this or any similar condition before this incident?

     Yes: No:

If yes, please give details:

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Doctor's name: ....

Postcode: ....

Validation stamp

Telephone number: ....

Signature: ....

Date: ....

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