

Claim Form - Cancellation

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Claim reference number:

Please complete in **BLOCK CAPITALS** and in **BLACK INK**, and continue any answers on a separate sheet if necessary. If any sections on this or any related form are left blank or are unclear, your claim may be delayed.

Please ensure that you send in the **ORIGINAL booking invoice** that confirms your travel dates, cost of the trip and who you were travelling with. You will also need to send the **ORIGINAL cancellation invoice** that confirms the booking has been cancelled and the amount the vendor(s) is (are) unable to refund to you.

1. Please advise the exact cause of the cancellation and explain why this prevents you from taking your trip.

If the cause is medical, we will send a medical certificate to your G.P. for completion. Please note that any fee charged by your G.P. for completion of this medical certificate is your responsibility. For other causes you will need to provide documentary evidence such as a police report, incident report, redundancy notice letter, court summons or jury service notification letter.

2. Booking date: ___/___/___ Date cancellation apparent: ___/___/___ Date holiday company advised: ___/___/___

3. Travel costs: £ _____ Date paid: ___ / ___ / ___
Accommodation costs: £ _____ Date paid: ___ / ___ / ___
Or
Package price: £ _____ Date paid: ___ / ___ / ___
(accommodation and travel paid in one price through one tour operator)
Refunds received: £ _____
Departure tax: £ _____
(if shown on your ticket. Claimable through your travel agent / airline)
Amount claimed: £ _____

4. NAME (of all claimants)	AGE	RELATIONSHIP TO POLICYHOLDER	ADDRESS
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

Please complete one of the following if applicable to the cause of the cancellation:

5a Redundancy:

Date advised of redundancy:

___ / ___ / ___

Redundancy commencement date:

___ / ___ / ___

You will need to send a **COPY** of the letter from your employer confirming your redundancy.

5b Road Traffic Accident:

Date of RTA: ___ / ___ / ___

Location:

Police incident / report number:

Make of vehicle:

Model of vehicle:

Name and address of third party insurer:

You will need to enclose a **COPY** of the police report(s) of the incident.

5c Injury at work (or similar):

Date of incident: ___ / ___ / ___

Company name:

Company address:

Name and address of company Insurer:

You will need to provide a **COPY** of the letter or report from your employer confirming the details of the incident.

6. Please provide the name and address of your General Practitioner:

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7. Please give details of any previous cancellation and / or **any** other travel insurance claims, along with the name of the insurer and the claim reference number. This question must be answered. Blank sections or 'n/a' **will delay the processing of your claim.**

8. Did you pay for this trip with a Credit Card? **YES / NO**

card number

Issuing bank: _____ Card type: _____
(gold, platinum, standard etc)

Do you have payment protection on this card? **YES / NO**

Do you have a bank/building society current account(s) **YES / NO**

Bank / building society: _____ Account type: _____
(gold, platinum, standard etc)

Account number:

9. Do you or any other person travelling have any other travel insurance that may cover you for this claim?

YES / NO

If YES, **give details** including insurer and policy number. If NO, state **NO**

DECLARATION THIS MUST BE READ AND SIGNED BY THE PERSON MAKING THE CLAIM

I hereby authorise any physician or other person who has attended or examined me to furnish the Company or its authorised representatives with any and all information with respect to any illness, sickness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records.

I do do not wish to see a copy of the medical report before it is sent to the Company (please tick).

A photocopy of this authorisation shall be as effective and valid as the original.

I declare that the statements on this or any related form and document are true and correct to the best of my knowledge and belief and have not knowingly withheld any information connected with this claim. I agree to provide the insurer with any further information as may be reasonably required and understand the insurer does not admit liability by issue of this or any related form.

Data Protection

I understand that you will not discuss my claim with anyone else without my permission (including my spouse, any relative or friend, or legal advisor) **unless I provide their name below.** For security I understand you will ask them to verify their identity by confirming by date of birth, postcode and policy number.

NAME

RELATIONSHIP

I understand that you may share information about me including but not limited to medical reports, private investigators reports and rehabilitation co-ordinators reports where appropriate including:

My employer or my employer's intermediary, my nominated General Practitioner, third parties - including but not limited to The Association of British Insurers, trustees in bankruptcy, re-insurers, underwriters, medical agencies (in the UK and abroad), subcontractors and agents, insurance reference agencies - this information will be used by other agency users in assessing insurance risk and fraud prevention, Government regulators and the Financial Ombudsman, and other insurance companies who require information for lawful purposes.

I understand that calls may be monitored for training purposes, quality control and for the monitoring of fraudulent claims.

I understand that I am entitled, without excessive delay, to access my information and to rectify any inaccuracies at any time by writing to you. I accept that you may charge me a fee for supplying me with my information.

The insurance industry operates a number of anti-fraud initiatives. I understand that the information given on this form may be stored electronically and may be shared with other organisations for this purpose. I understand that you may ask for information from other organisations to check the answers I have provided. I understand that the making of a fraudulent or knowingly exaggerated claim is a criminal offence and that you investigate all cases and any person suspected of fraud is reported to the police with whom the insurer always cooperates.

Claimants signature: _____

Print name _____

Date: ___ / ___ / ___