

TRAVEL (CANCELLATION OR CURTAILMENT) CLAIM FORM

Claimant's Name:	Policy Number:
Address	
	Telephone number :
Email address:	
Name, address and telephone number	r of person handling claim, if different from above:
Date of booking :	
Booked travel dates: From:	To:
Name of Airline or Tour Operator :	
Holiday Ref. / Booking No.:	
Date of Cancellation or Curtailment : _	
Reason for Cancellation or Curtailment	::
	on lost or unused:
	tickets or Tour Operator's confirmation of booking, , together
acknowledgement of cancellation. If the claim results from death, please supply a continuous conti	copy of the Death Certificate showing the official cause of death.
	on preventing travel, please arrange for your Doctor to complete the Medical Certificate
. 0	enclose a delay letter from your Airline / Ferry Operator.
Total amount of claim : £	
I declare that these particulars are tr	ue to the best of my knowledge.
Signature	Date ·



$\begin{tabular}{ll} \textbf{MEDICAL CERTIFICATE} & \textbf{(to be completed by your doctor)}. \end{tabular}$

contifu that		(notion)
·		(patient
ate of birth		
suffering from		
nd as a result, I have advised him/her to car	ncel his/her holiday/travel arrangements	
n		
urrent occurrence		
Vas this holiday / travel booked or taken aga	ainst medical advice? Yes / No	
hen were you first consulted regarding the	above illness or injury?	
ow long has your patient suffered from the	above illness or injury on this occasion?	
revious history		
as the patient suffered with this illness or s	imilar injury previously? Yes / No	
Yes, when was this first diagnosed or incu	rred?	
/hat treatment and/or medication was presc	ribed at that time?	
octor's signature:		
ate:		
urgery Address	or Surgery stamp:	

Please Note: It may be necessary for you to obtain additional medical information from your GP. Any charge for completing this Certificate or obtaining additional medical information does not form part of your claim.