

TRAVEL (CANCELLATION OR CURTAILMENT) CLAIM FORM

Claimant's Name:

Policy Number:

Address:
(In full)

Tel Number:

Email:

Details of person handling claim if different from above:

Name:

Tel Number:

Address:

Date of booking: DD / MM / YY Booked holiday dates: From: DD / MM / YY To: DD / MM / YY

Name of Airline or Tour Operator:

Holiday Ref / Booking No:

Date of Cancellation or Curtailment: DD / MM / YY

Reason for Cancellation or Curtailment:

List of Travel Tickets or Accommodation lost or unused:

Please attach your Airline flight tickets or Tour Operator's confirmation of booking, together with acknowledgement of cancellation.

If the claim results from death, please supply a copy of the Death Certificate showing the official cause of death.

If your cancellation is due to a medical condition preventing travel, please arrange for your Doctor to complete the Medical Certificate on the next page.

If the cancellation is due to weather conditions, please enclose a delay letter from your Airline / Ferry Operator.

Total amount of claim: £

I declare that these particulars are true to the best of my knowledge.

Signature: _____

Date: _____

MEDICAL CERTIFICATE (TO BE COMPLETED BY YOUR DOCTOR)

I certify that: _____ (patient)

Date of birth: DD / MM / YY

Is suffering from:

and as a result, I have advised him/her to cancel his/her holiday/travel arrangements

on: DD / MM / YY

Current occurrence:

Yes No

Was this holiday / travel booked or taken against medical advice?

When were you first consulted regarding the above illness or injury? DD / MM / YY

How long has your patient suffered from the above illness or injury on this occasion?

Previous history:

Yes No

Has the patient suffered with this illness or similar injury previously?

If Yes, when was this first diagnosed or incurred? DD / MM / YY

What treatment and/or medication was prescribed at that time?

Doctor's Signature: _____ Date: _____

Surgery 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.*