

**CLAIM FORM FOR TRIP CANCELLATION, CURTAILMENT OR  
REARRANGEMENT**

**(to be completed by the person who purchased the insurance)**

**Section 1**

**Your Details**

Mr / Mrs / Miss Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**Section 2**

**Details of Your Trip**

Date holiday was booked: \_\_\_\_\_ Destination: \_\_\_\_\_

Date Deposit was paid for holiday: \_\_\_\_\_ How much paid? : £ \_\_\_\_\_

Date final balance was paid: \_\_\_\_\_ How much paid? : £ \_\_\_\_\_

Date Insurance purchased: \_\_\_\_\_ How much paid? : £ \_\_\_\_\_

Certificate/Policy number: \_\_\_\_\_

Scheduled date of departure: \_\_\_\_\_ Scheduled date of return: \_\_\_\_\_

If you did not return on the scheduled date, what date did you return: \_\_\_\_\_

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**Section 3**

**Details of your Claim**

Did you have to cancel ( ) or curtail ( ) or rearrange ( ) your trip – please tick as appropriate

Please give reasons for cancellation, curtailment, or rearrangement (use separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who did you notify of the above: \_\_\_\_\_ on what date? : \_\_\_\_\_

Please give name of person necessitating the cancellation, curtailment or rearrangement: \_\_\_\_\_

Was the above named person due to travel / did travel with you? : \_\_\_\_\_

What is your relationship with the above named person? : \_\_\_\_\_

Please give the Date of Birth of the above named person: \_\_\_\_\_

If you had to curtail all or part of your holiday please state which parts were missed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received any refunds in respect of your cancellation, curtailment or rearrangement from any third parties ?

Yes ( ) No ( )

If yes please give: Name of third party: \_\_\_\_\_

Amount refunded: £ \_\_\_\_\_

Date of Refund: \_\_\_\_\_

Please state amounts being claimed and for what the amounts are claimed:

Amount	Claimed For
_____	_____
_____	_____
_____	_____
_____	_____

(please use additional sheet if necessary)

Please use the space below to give any additional information you feel is relevant to your claim:

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**Section 4**  
**Declaration**

***Important : Please read this declaration before signing. No claim will be paid unless the declaration is signed.***

I understand that the making of a fraudulent insurance claim is a criminal offence likely to lead to prosecution.  
I confirm that the information given on this claim form is, to the best of my knowledge and belief true in every respect and the amounts claimed have not been exaggerated, refunded to me or claimed from any other source.

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

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**Section5**

**Medical Certificate**

**The claimant must at his or her own expense have the following certificate completed by a duly qualified medical practitioner. The certificate below relates to the person whose state of health caused cancellation, curtailment or rearrangement.**

Name of person to whom these medical details apply: \_\_\_\_\_ (Patient)

Date of Birth of the Patient: \_\_\_\_\_

Are you the Patients usual medical practitioner? YES ( ) NO ( ) Please tick as applicable.

How long have you been treating the Patient? \_\_\_\_\_

When did you first treat or consult the Patient for the illness or injury which has occasioned the cancellation or curtailment?  
\_\_\_\_\_

Date of onset of illness or date of the injury: \_\_\_\_\_

Please give a brief account of the course and prognosis of the illness / injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Patient ever suffered from this or any similar or related condition? YES ( ) NO ( ) If YES please give full details (please use separate sheet if required): \_\_\_\_\_  
\_\_\_\_\_

Was the Patient taking any medication or under any treatment? YES ( ) NO ( ) If YES please give full details : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the Patient consult you for permission to travel before booking the trip? \_\_\_\_\_

Do you consider the patient was fit to travel at the time of booking the trip? \_\_\_\_\_

Did you advised the patient to cancel the trip: \_\_\_\_\_ If so please give date: \_\_\_\_\_

Do you consider the cancellation, curtailment or rearrangement justifiable on medical grounds? \_\_\_\_\_

If cancellation was due to pregnancy please give: Date of confinement: \_\_\_\_\_

Date pregnancy confirmed: \_\_\_\_\_

**General remarks :** (please use separate sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practice Stamp (please include address and telephone number if not on stamp):