

Canopius Underwriting Limited

Trip Cancellation, Curtailment or Rearrangement Insurance

Claims Form

Thank you for notifying us of your claim.

Please provide full supporting documents and answer all questions in full.

Please refer to the guidance notes for documentation we require.

Please return the completed form to your Insurance Broker or the office detailed below.

Canopius Underwriting Limited

Gallery 9, One Lime Street
London EC3M 7HA

Tel. 020 7337 3700

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Canopius Underwriting Limited is an appointed representative of
Canopius Managing Agents Limited which is authorised and regulated by
the Financial Services Authority



CANOPIUS

Your Details (to be completed by the person who purchased the insurance)

Mr / Mrs / Miss Forename : _____ Surname: _____

Address : _____

_____ Postcode : _____

Daytime telephone number : _____

Occupation : _____ Date of Birth : _____

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 : _____

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 :

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 : _____

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):