Travel Claims Services Ltd

Email: enquiries@travelclaimsservices.com

Dear Sir/Madam

Travel Insurance Claim

We are writing further to your request for a claim form and are very sorry to note the circumstances described.

In order that our claims team can efficiently handle your claim, without the need for any delays involved in requesting supporting information, would you please email the following documents (A tick box is provided for you to clarify the documents you are providing):

☐ **Completed claim form** – You should complete all sections relevant to your claim, save a copy and email to us with all the requested supporting documentation

☐ **Insurance certificate, including medical endorsements**. This will confirm who you purchased your insurance from and the cover agreed.

☐ **Booking invoice**. This must show the date of booking, travel dates, names of all passengers and a breakdown of the total cost of the trip.

☐ **Evidence to support the reason for the cancellation**. This can include, but is not limited to, the following:

a) Our medical certificate completed by the patient's GP, and the death certificate, if applicable.
b) A letter from the Court confirming the date on which you were first advised of jury service or your need to attend Court as a witness.
c) A letter from your superior confirming the date on which your leave was withdrawn and the reason for this, if you are a member of the armed forces, police fire, nursing or ambulance services.
d) Evidence of any flood, fire, storm or burglary to your home or place of business, which necessitates you not travelling, from the police, relevant authority or applicable insurance company.
e) A letter from your employer confirming the date on which you were first advised of your involuntary redundancy and the length of your employment.
f) Evidence of the damage to your vehicle, occurring after an accident, within 7 days before you are due to travel, if your vehicle was to used for a self-drive holiday.

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☐ Cancellation invoice / no show letter / amended invoice. This document will show the amount you have been charged for cancelling your trip, that you did not cancel and that no refund is due and/or the cancellation charges applicable to your place on a booking where not all members of the party have cancelled.

☐ Details of any other party who may be responsible for / provide cover for this claim. This can include other travel insurance policies held with your bank or card provider, and third party details if the cause is due to the actions of another.

You will need to retain the originals and, should we request them please send by recorded delivery and keep a copy for your records. Please note that all documentation is destroyed after 6 months to comply with our responsibilities under the Data Protection Act.

We look forward to hearing from you.

Yours sincerely,

Travel Claims Services Ltd

Travel Insurance Claim Form. Travel Claims Services Ltd Email: enquiries@travelclaimsservices.com	Date Sent:		***webclaims***
	Claim Ref : (if known)		

PLEASE ANSWER ALL RELEVANT QUESTIONS ON THE CLAIM FORM; LEAVING ITEMS BLANK, USING TICKS, DASHES AND N/A MAY RESULT IN US RETURNING THE CLAIM FORM AND/OR ASKING FURTHER QUESTIONS, THUS DELAYING THE PROCESSING OF YOUR CLAIM.

Personal Details – Required for all Claims

Claimant Details

Title	Mr / Mrs / Miss / Ms / Other:	Home Address	
Surname			
Forename(s)			
Date of Birth			
Occupation		Postcode	
NI Number		Home Tel.	
Parent/Guardian's NI number	(If medical claim for a minor)	Work Tel.	
Nationality		Email	

Policy and Holiday Details

Policy Number			Date of Booking	
Date Issued			Departure Date	
No. in Party			Return Date	
Independent Travel Arrangements?	**YES** ☐ **NO** ☐	**If no provide the following:**	Total Days	
Travel Agent & Branch			Country	
Tour Operator			Resort / Town	

It is against the law to submit a fraudulent insurance claim.
If your claim is found to be fraudulent the claim will be declined and Insurers will pursue recovery by the use of civil action.

1. I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would affect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Travel Claims Services nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.

2. I/We understand that the information on this form will be passed to or used by Travel Claims Services for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.

3. I/We subrogate all rights of recovery to Travel Claims Services Ltd. and also consent to them seeking reimbursement of any medical expenses paid by them.

For medical related claims:

4. I authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Travel Claims Services or their agents. I understand that in executing this authorisation, I waive the right for such information/records to be privileged. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.

I have read and fully understand the declarations above (ALL persons claiming must sign)

If you are completing this form electronically please enter the claimant's name in the Claimant's Signature field. This will be treated as their signature.

Claimants Name	Claimant Signature	Date of Birth	Dated

Cancellation/Trip Abandonment Page 2 Travel Claims Services Ltd Email: enquiries@travelclaimsservices.com	Date Sent:		***webclaims***
	Claim Ref : (if known)		

Reason for cancellation – Please select one box only

Death	☐	**Jury Service**	☐	**Injury**	☐	**Redundancy**	☐
Illness	☐	**Damage/Theft to Home/Business**	☐	**Delay**	☐	**Other**	☐

Documents you need to email us – Please retain original documents and keep copies for your records should we request the originals.

1. Booking invoice issued prior to cancellation showing a full breakdown of the total holiday cost.
2. The original holiday cancellation invoice. If your booking was flight only you may not be able to obtain this document, if this is the case please provide a written statement to this effect from the travel agent.
3. All unused travel tickets, itineraries etc.
4. If cancellation is due to redundancy we require a letter from your former employer which confirms that you have been made redundant and are due to receive a payment under current Redundancy Payment Legislation, the position you held and your length of service.
5. If cancellation is on medical grounds, including death, the attached medical certificate(s) must be completed by the usual medical practitioner of the individual whose condition has led to the submission of the claim.
6. If cancellation is due to a death we require a certified copy of the death certificate. If the deceased was insured under the policy we require a copy of the Grant of Probate issued in respect of the deceased's estate.
7. If this claim is being submitted as a result of an injury please provide a full description of the incident leading to the injury, if a third party was involved please provide their details and those of their insurer if available.
8. If cancellation is for delay, provide evidence from the travel provider of a delay in excess of 12 hours which must include the reason for the delay.
9. If for any other reason, please provide independent written evidence of the incident or circumstances which have resulted in the submission of the claim

If you are unable to supply any of the documentation requested please provide a written explanation as to why.

Please answer ALL questions below – BLOCK CAPITALS PLEASE

1. Date and time you became aware of the need to cancel your holiday: / /
2. Date and time you informed the airline, accommodation provider, travel agent or tour operator of the need to cancel your holiday: / /
3. Please give the name of the person who has caused the cancellation and their relationship to you:

Name		**Relationship**	

4. Details of holiday cost and cancellation charges:

Ticket costs	
Accommodation costs	
Pre-booked excursions	
Deduct refunds received or advised	
Total amount claimed	

5. Names and dates of birth of all those cancelling:

Name	**DOB**

6. Please detail the reasons for cancellation below, giving details on any third party involved (continue on a separate sheet if necessary).

Cancellation/Trip Abandonment Page 3 Travel Claims Services Ltd enquiries@travelclaimsservices.com	Date Sent:		***webclaims***
	Claim Ref : (if known)		

7. Other Insurance

a. Do you (or anyone else claiming) have any other insurance which may cover this trip? (e.g. Travel insurance with your bank/credit card account, tour operator/travel agent or home contents insurance etc.):
NB (A contribution payment is normal practice where 2 policies cover the same loss)

☐ YES ☐ NO

b. If yes, please supply the following details**:**

Company name and address	
Policy number	

8. Has a claim been submitted to any other company for this incident?

☐ YES ☐ NO

Please provide details:

9. Method of payment – Please select

Cash	☐	**Cheque**	☐	**Credit/Debit card**	☐	**Reward points/Airmiles**	☐

If a Credit/Debit card was used to pay all or some of the trip cost, please state:

Name of card supplier	**Card type (eg. Gold/plat/black)**

10. Previous claims

a. Have you made any previous claims on this type of insurance?

☐ YES ☐ NO

b. If yes please give details:

11. At the time of purchase of the policy or booking the trip were you aware of any reason why the trip may need to be cancelled?

☐ YES ☐ NO

If yes, please provide additional information:

Medical Certificate	Travel Claims Services Ltd enquiries@travelclaimsservices.com	Date Sent:	Claim Ref (if known) or Insured person

This section of the form needs to be **printed** and **must** be completed by the **Registered General Practitioner** (GP) of the person whose illness/injury/ death has given rise to the claim.

Any charge made for the completion of this certificate is the responsibility of the insured and is not refundable under the insurance policy.

Please ensure the GP answers all relevant questions. Ticks, dashes, N/A etc will not be acceptable.

This information will be treated as private and confidential.

A certificate not containing the specific information requested will not normally suffice.

IMPORTANT: PLEASE COMPLETE DATE INSURANCE PURCHASED AND DATE OF BOOKING IN Q7 PRIOR TO SUBMISSION TO THE DOCTOR.

1. Full name of patient				**2. Date of birth**		
3. Are you the regular medical attendant/from the same practice?	☐ **YES/NO** ☐	**If yes, for how long?**				
If no, what is your involvement with this matter?						
4. State precise nature of:						
a. Medical condition/illness/injury cause of death, that gives rise to claim						
b. If injury, state how this was caused						
c. If claim is a result of pregnancy, please advise	**Date pregnancy confirmed**		**LMP**		**EDC**	
5. Has the patient suffered from the same or a related condition in the past five years?	☐ **YES/NO** ☐		**If yes, for how long?**			
6. State the exact date of onset of symptoms of condition as in Q4		**Date first consulted**		**Date of any serious deterioration /exacerbation, if applicable**		
7. What ongoing medical condition(s), or medical complication directly attributable to the condition(s), were being investigated by a registered medical practitioner at: **a) Date trip insurance purchased?** **b) Date trip was booked?** **PLEASE INCLUDE DETAILS OF ALL RELEVANT PRESCRIBED MEDICATIONS, CONSULTATION, REFERRALS AND TESTS, INCLUDING DATES.**						
8. Is the illness/injury attributable to drugs, alcohol or HIV or HIV related illness, including AIDS?	☐ **YES/NO** ☐	**Give details**				
9. Has the person named in 1 above received a terminal prognosis?	☐ **YES/NO** ☐					
If yes, what date was the terminal prognosis given to:	**a) The patient**		**b) The claimant, if not the same person**			
10. Has the patient been referred to or seen by a hospital doctor or surgeon or needed inpatient treatment for this or any related condition within 12 months prior to the date shown in question 7 a) above? If so, please give full details including dates.						
11. a) If the patient was booked to travel, did they consult you prior to booking or travelling regarding the advisability of undertaking the holiday or journey? If so, on what date?	☐ **YES/NO** ☐	**Date:**				
b) If not, when would you have advised cancellation had you been aware of the planned trip?						
c) If the patient travelled were they fit to travel at the date of departure?						
12. Provide details of patient's state of health at the time the insurance purchased and date of booking trip.						
13. If cancellation state exact reason for cancellation						
14. Please advise the date when it first become apparent that the holiday should be cancelled						
15. Please state the exact date you advised the need to cancel						
Are you prepared to certify that, solely due to the condition described in 4 above, the claimants are compelled to cancel the holiday arrangements?	☐ **YES/NO** ☐					

To be completed by the usual Registered General Practitioner (GP)

I have examined the patient and/or referred his/her medical records and I declare that the information given is correct and that no details relevant to the case have been omitted.

Name (Please print)	Qualifications	**SURGERY STAMP**
Signature	Date	