Cancellation & Curtailment Claim Form

Once completed, please return your claim form to:

Travel Claims
Claims International
PO Box 1037
Oakleigh House
Cardiff
CF11 1HU
United Kingdom

Thank you for notifying us of your claim.

Please complete this form and return to Claims International as soon as possible.

Please write in BLOCK CAPITALS

Please provide full supporting documentation to avoid delays in processing your claim.

Please state 'N/A' where a section is not applicable.

Company Details (The Insured):

Policy Number: ______________________

Company Name: ______________________

Company Address: ______________________

____

Postcode: ______________ E-mail: ______________

Telephone: ______________ Fax: ______________

Company Contact Name: ______________________

Claimant Details (The Insured Person):

Title	Full Name(s)	Date of Birth	Position Held

Claimant Address: ______________________

____

Postcode: ______________ E-mail: ______________

Telephone: ______________ Fax: ______________

Country of Residence ______________________

Employee Number: ______________________

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Address of Residence / Hotel: ______________________

Departure Date: ___ / ___ / ___ Return Date: ___ / ___ / ___

Purpose of Trip (delete as applicable): Business / Pleasure

If Business (delete as applicable): Clerical / Manual

Please give the reason for the cancellation / curtailment of the journey: ______________________

Please state the scheduled dates of travel:

Outward Date: ___ / ___ / ___ Return Date: ___ / ___ / ___

Date Journey Booked: ___ / ___ / ___

PLEASE PROVIDE COPY OF YOUR ORIGINAL ITINERY TRAVEL DOCUMENTS IF AVAILABLE

If the cancellation / curtailment was due to illness or injury, please state:

(a) The date of birth and full name of the injured / sick person: DOB: ___ / ___ / ___

(b) The commencement date and exact nature of injury / illness: Date: ___ / ___ / ___

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If the journey was **cancelled**, please give details of expenditure incurred:

Total amount paid: ______________________

Total amount refunded: ______________________

Amount remaining: ______________________

PLEASE PROVIDE A CANCELLATION INVOICE ALONG WITH THE TRAVEL DOCUMENTS

If the journey was **curtailed**, please provide details of any additional travel and sundry expenses:

Expenses being claimed	Currency and amount claimed	Receipt provided? (Y/N)	To whom should payment be made?

Please provide receipts for each expense – continue on separate sheet if necessary

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PLEASE PROVIDE MEDICAL EVIDENCE FROM THE ATTENDING DOCTOR OR PLEASE ASK THE ATTENDING DOCTOR TO COMPLETE THE FOLLOWING:

Nature of complaint preventing travel: ____________________

____

____

____

Date treatment was first sought: ___ / ___ / ___

Was cancellation / curtailment of the journey medically necessary? YES / NO

VALIDATION STAMP:

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If your Claim is agreed how would you like to be paid?

If the payee name differs from the Insured name a mandate on the Insured's letter headed paper will be required before payment can be issued.

Please tick box to choose preferred method of payment.

Cheque: ☐ Confirm Payee: ____________________
or
Direct to your bank account: ☐ (UK bank account only)

Bank Name: ____________________

Branch Address: ____________________

Account Number: ____________________ Sort Code: ____________

Account in the name of: ____________________

Declaration – This must be signed.

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld any information within my/our knowledge connected with this claim. I/We agree to provide the insurer with any further information as may be reasonably required. I/We understand that the insurer does not admit liability by issue of this form.

WARNING – the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police, with whom we always co-operate.

The insurance industry operates a number of anti-fraud initiatives. The information on this form may be stored electronically and may be shared with other organisations for this purpose. I/We understand that you may ask for information from other organisations to check the answers I/we have provided.

Signature: ____________________ Date: ___/___/___

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