

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 need to curtail / cut short your trip.** 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) If the claim relates to you or a travelling companion we will also require the medical report from the treating doctor abroad with their written confirmation of the medical necessity to return home early.
 - c) 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.
 - d) A letter from your superior confirming the date on which your leave was withdrawn and the reason for this, if you are a member of the armed forces, police fire, nursing or ambulance services.
 - e) 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.
 - f) A letter from your employer confirming the date on which you were first advised of your involuntary redundancy and the length of your employment.

- Confirmation invoice and proof of payment for your early return.** This document will show the amount you have been charged for the travel costs you incur to transport you back from your trip destination to your home country.
- Invoices / receipts for any other additional travel expenses incurred in returning home early.** This can include receipts for a taxi to the airport in resort.
- 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:
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.

<p>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.</p> <p>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.</p> <p>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.</p> <p>For medical related claims:</p> <p>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.</p>
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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

**Curtailment (Cutting short
your trip). Page 2**

Travel Claims Services Ltd

Date Sent:

Claim Ref:
(if known)

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

- Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc. and a full breakdown of the total holiday cost.
- All unused and used travel tickets, itineraries etc.
- Original evidence of all additional travel expenses.
- If curtailment is due to the medical condition, including death, of someone in the the attached medical certificate should be completed by the usual GP of the individual whose condition has caused the submission of this claim.
- If curtailment was due to injury or illness of a person travelling on the trip, please provide written confirmation from the relevant overseas physician to confirm the medical necessity of the curtailment.
- If curtailment is due to a death, we require a certified copy of the death certificate. In addition, if the deceased was an insured person, we require a copy of the Grant of Probate or Letters of Administration issued in respect of the deceased's estate.
- 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.
- If curtailment is for a reason other than those detailed in points 3 and 4 please forward independent written evidence of the incident or circumstances that have resulted in the submission of the claim.

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

Please answer ALL questions below – BLOCK CAPITALS PLEASE

Dates of scheduled return and actual return							
Scheduled return date		No. of days booked		Actual return date		No. of days unused	
If your curtailment was due to a person who was not travelling with you, please state their name and relationship to you							
Name				Relationship			
Was any attempt made to revalidate or use your original tickets?	YES	NO	If answer is YES, were you successful in your attempts?			YES	NO
If NO please provide an explanation as to why no attempt was made to revalidate your tickets (continue on separate sheet if necessary):							
Names and ages of all those curtailing							
Name		Date of birth		Name		Date of birth	
Name		Date of birth		Name		Date of birth	
24 hour Emergency Service							
Did you contact the medical emergency assistance company?	YES	NO	If NO please explain below (continue on a separate sheet if necessary):				
Date and time of first call			Name of person spoken to		Reference No. given to you		
Please detail the reasons for curtailment (continue on a separate sheet if necessary)							
List of additional and unused expenses (continue on a separate sheet if necessary)							
Receipt No.	Date	Description of item	Currency	Amount	Paid Y/N		
				Total Claimed			

Curtailment (Cutting short your trip). Page 3

Travel Claims Services Ltd
Email: enquiries@travelclaimsservices.com

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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.):

YES

NO

NB (A contribution payment is normal practice where 2 policies cover the same loss)

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

Company name and address	
Policy number	

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

YES

NO

Please provide details:

Method of payment for the trip – Please select

Cash	Cheque	Credit/Debit card	Reward points/Airmiles
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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)

Previous claims

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

YES

NO

If yes please give details:

At the time of purchase of the policy or date of travel were you aware of any reason why the trip may need to be cut short?

YES

NO

If yes, please provide additional information:
