TRAVEL (CANCELLATION OR CURTAILMENT) CLAIM FORM

Claimant's Name: _____ Policy Number:_____

Address _____

_____ Telephone number : _____

Email address: _____

Name, address and telephone number of person handling claim, if different from above:

_____

Date of booking : _____

Booked travel dates : From: _____ To: _____

Name of Airline or Tour Operator :_____

Holiday Ref. / Booking No.: _____

Date of Cancellation or Curtailment : _____

Reason for Cancellation or Curtailment : _____

_____

List of Travel Tickets or Accommodation lost or unused: _____

_____

_____

_____

Please attach your Airline flight tickets or Tour Operator's confirmation of booking, , together acknowledgement of cancellation.

If the claim results from death, please supply a copy of the Death Certificate showing the official cause of death.

If your cancellation is due to a medical condition preventing travel, please arrange for your Doctor to complete the Medical Certificate on the next page.

Cancellation due to weather conditions, please enclose a delay letter from your Airline / Ferry Operator.

Total amount of claim : £ _____

I declare that these particulars are true to the best of my knowledge.

Signature : _____ Date : _____

islands
taking care of tomorrow

MEDICAL CERTIFICATE (to be completed by your doctor).

I certify that _____ (patient)

date of birth _____

is suffering from _____

and as a result, I have advised him/her to cancel his/her holiday/travel arrangements

on _____.

Current occurrence

Was this holiday / travel booked or taken against medical advice? Yes / No

When were you first consulted regarding the above illness or injury? _____

How long has your patient suffered from the above illness or injury on this occasion? _____

Previous history

Has the patient suffered with this illness or similar injury previously? Yes / No

If Yes, when was this first diagnosed or incurred? _____

What treatment and/or medication was prescribed at that time? _____

_____

Doctor's signature: _____

Date: _____

Surgery Address or Surgery stamp:

_____

_____

Please Note: It may be necessary for you to obtain additional medical information from your GP. Any charge for completing this Certificate or obtaining additional medical information does not form part of your claim.