

Dear Sir/Madam

Travel Insurance Claim

Please find enclosed a claim form for completion and return to the address shown above.

You should complete all sections relevant to your claim and enclose all requested supporting documentation (**which must include evidence of your outward and return travel dates from the UK**). Please note an incomplete application may delay the processing of the claim.

Please note **all documentation will be destroyed after 3 months**; an electronic copy will be held on our system.

You must as part of the policy terms and conditions declare if you have any other travel, household or other insurances in force at the time of your claim (this includes any insurance which may have been provided in association with your bank account). **Withholding this information may delay the processing of your claim.**

If additional information or documentation is required we will reply using the e-mail address supplied when you purchased the policy. Please ensure that you provide your current e-mail address on the enclosed claim form before returning it to us.

If you have any **queries or you require assistance** in completing the claim form please do not hesitate in contacting us on 0844 888 2788. Please have your claims reference number to hand.

Yours sincerely,



Travel Claims Services Ltd



<b>Travel Insurance Claim Form.</b> Travel Claims Services Ltd Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY	Date Sent:		<b>*webclaims*</b>
	Claim Ref : (if known)		
<b>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.</b>			

**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><b>For medical related claims:</b></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)**

Claimants Name	Claimant Signature	Date of Birth	Dated



# Cancellation/Trip Abandonment

## Page 3

Travel Claims Services Ltd  
Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY

Date Sent:

Claim Ref :  
(if known)

**\*webclaims\***

### 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:

<b>Company name and address</b>	
<b>Policy number</b>	

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

YES

NO

Please provide details:


9. Method of payment – Please select

<b>Cash</b>	<b>Cheque</b>	<b>Credit/Debit card</b>	<b>Reward points/Airmiles</b>
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If a Credit/Debit card was used to pay all or some of the trip cost, please state:

<b>Name of card supplier</b>	<b>Card type (eg. Gold/plat/black)</b>

### 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:


<b>Medical Certificate.</b> Travel Claims Services Ltd Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY	Date Sent:		<b>*webiandgclaims*</b>
	Claim Ref : (if known)		

This Certificate **must** be completed by the Registered General Practitioner (GP) of the person whose illness/injury/death has given rise to the **Note**

- 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 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.

Full name of patient/person whose condition has given rise to the claim							
Date of birth							
Are you the regular medical attendant/from the same practice?						If yes, for how long?	
If no, what is your involvement with this matter?							
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							
Has the patient suffered from the same or a related condition in the past five years?					If yes, for how long?		
State the exact date of symptoms of onset as in 4		Date first consulted		Date of any serious deterioration /exacerbation, if applicable			
What ongoing medical condition(s), or medical complication directly attributable to the condition(s), were being investigated by a registered by a medical practitioner at:							
The date the trip insurance was purchased?							
The date the trip was booked?							
PLEASE INCLUDE DETAILS OF ALL RELEVANT PRESCRIBED MEDICATIONS, CONSULTATION DATES, REFERRALS AND TESTS							
Is the illness/injury attributable to drugs, alcohol or HIV or HIV related illness, including AIDS?							
Has the person named in 1 above received a terminal prognosis?							
If yes, what date was the terminal prognosis given to:		The person named in 1 above		The claimant, if not the same person			
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.							
a. If the patient was booked to travel, did they consult you prior to booking or travelling regarding the advisability of undertaking the holiday of journey? If so, on what date?						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?							
Please provide details of patient's state of health at the time the insurance purchased and date of booking trip.							
If a claim is a result of pregnancy, please advise		Date pregnancy confirmed		LMP		ECD	
If cancellation state exact reason for cancellation							
Please advise the date when if first become apparent that the holiday should be cancelled							
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?							

**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.....

Address.....

**SURGERY STAMP**

Signature

Date