



CANCELLATION BEFORE DEPARTURE OF A TRIP



PO Box 420
Hadlow
Kent
TN9 9DE

tel: 08453 707 133
fax: 0870 620 5001
web: www.tif-plc.co.uk

We are sorry to learn that you need to make a claim on your travel insurance policy.

In order that we can process your claim quickly please complete all the relevant sections of the claim form in full and return it to us at the above address together with the following ORIGINAL documentation. In the interest of protecting ourselves from fraud we are unable to accept photocopied documents however we can return your originals promptly if you indicate that this is your wish.

CHECKLIST OF DOCUMENTS REQUIRED

tick the box to indicate to us which ones we should expect to find enclosed

- BOOKING INVOICE (where appropriate)
- PROOF OF PURCHASE OF INSURANCE (either certificate or premium receipt)
- CANCELLATION INVOICE SHOWING ANY REFUND RECEIVED
- MEDICAL CERTIFICATE COMPLETED BY YOUR GENERAL PRACTITIONER
- UNUSED FLIGHT TICKETS
- EVIDENCE OF PRE-PAYMENT FOR EXCURSIONS

If you have disclosed any pre existing medical conditions to the insurance company

- ENDORSEMENT CONFIRMING THAT YOU HAVE PURCHASED THIS ADDITIONAL COVER
- PROOF THAT YOU HAVE PAID ANY ADDITIONAL PREMIUM REQUIRED

If you are cancelling due to the unexpected death or illness of a close relative

- ORIGINAL DEATH CERTIFICATE
- OUR MEDICAL CERTIFICATE COMPLETED BY THE GENERAL PRACTITIONER OF THE RELATIVE WHOSE HEALTH CAUSED YOU TO CANCEL

You should note that all the information provided to us on this form will be stored electronically in accordance with The Data Protection Act and shared with the Insurance Industry Fraud Prevention Unit. If you make a fraudulent or intentionally exaggerated claim this will invalidate your claim and we will pursue a recovery through the civil courts in all cases.

We do understand that it may take time to collect all the documentation required but please try to submit your claim as soon as possible after the event .

Yours sincerely,

Travel Claims Facilities Plc

CLAIM FOR CANCELLATION OF A TRIP – []

Please complete all sections of this form and then check the list of additional documents you need to send in order that we can assess your claim immediately.

DETAILS OF THE INSURED PERSON CURTAILING THEIR TRIP

Title	<input type="text"/>		
Full Name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>		
D.O.B.	<input type="text"/>	National Insurance No.	<input type="text"/>
Telephone Number	<input type="text"/>	E-mail	<input type="text"/>



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DETAILS OF THE INSURANCE POLICY

Place Purchased	<input type="text"/>	Scheme of Insurance	<input type="text"/>
Telephone No.	<input type="text"/>	Policy No.	<input type="text"/>
Certificate No.	<input type="text"/>	Date Issued	<input type="text"/>
Dates of Trip	<input type="text"/> to: <input type="text"/>	Trip Destination	<input type="text"/>
Medical Screening Case No. (if applicable)	<input type="text"/>	Master Policy No.	<input type="text"/>

DETAILS OF TRIP

Travel Agent/Tour Operator	<input type="text"/>	Tel No.	<input type="text"/>
Date of Booking	<input type="text"/>	Date Final Balance Paid	<input type="text"/>
Method of Payment (Cash/Cheque/Debit Card/Credit Card)	<input type="text"/>		

DETAILS OF CLAIM

Date you were advised to cancel	<input type="text"/>	Date you cancelled in writing	<input type="text"/>
If the period between being advised to cancel and cancelling in writing is greater than 3 days, please advise why			
<input type="text"/>			
How many days were there between cancelling and travelling	<input type="text"/>		

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DETAILS OF CLAIM Cont.

Please give a brief description of the circumstances leading up to the decision to cancel

Please list all those cancelling that are insured on this policy

Name		Age	
Name		Age	
Name		Age	
Name		Age	
Name		Age	
Name		Age	

Calculation of sum claimed

Total sum paid for travel		£
Total paid for accommodation	+	£
Total for pre-paid excursions	+	£
Less cost of this policy	-	£
Less any refund from agent (s)	-	£
Less policy excess	-	£

Are any of these expenses recoverable under any other insurance policies you hold, e.g. Annual credit card cover or alternate travel insurance policies? If yes, please give details

DECLARATION

- ✓ I/We declare that all the details provided above are true and accurate to the best of my knowledge.
- ✓ I/We give consent for Travel Claims Facilities to seek recovery of monies paid where reciprocal agreements are in force, or from other insurers covering the same risk, or from third parties who may be held liable.
- ✓ I/We understand that details of this claim may be passed to the insurance industries central claim register
- ✓ I/We understand that if a claim is found to be fraudulent or exaggerated that this will invalidate the whole claim and TCF may seek to recover any costs through the civil courts.

Signed

Dated

Name

CLAIM FOR CANCELLATION OF A TRIP – []
MEDICAL CERTIFICATE TO BE COMPLETED BY THE GENERAL PRACTITIONER
OF THE PERSON WHOSE DEATH, ILLNESS OR INJURY CAUSED THE CLAIM
 NOTE: any charges for completion of this form are the responsibility of the claimant



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SURGERY STAMP

Doctors Name

Doctors Qualifications

Telephone Number

Date

Doctors Signature

Name of Patient

Date of Birth

Address

Postcode

1. Please explain why this patient needed to cancel his/her planned trip?

2. When was the condition first diagnosed?

3. If this is an exacerbation of a recurring or chronic condition when did it deteriorate?

4. Was the patient referred to a consultant?

Date patient seen by a consultant?

5. Dates of hospitalisations?

6. Dates of any relevant diagnostic tests and results?

7. Was the treatment emergency or elective?

8. Has the patient **EVER** suffered from the following medical conditions? If yes, please provide details and **DATES**.

- Any cardiac or circulatory conditions?
- Any respiratory conditions?
- Any type of diabetes?
- Hypertension or a stroke?
- Any type of cancer?

9. If the patient has been under the care of another consultant or hospital in the previous two years please give brief details?

10. Please list all regularly prescribed medication including inhalers:-