

**CLAIM FORM FOR CANCELLATION, CURTAILMENT OR REARRANGEMENT**

Please note that we have to ensure that our claim form covers all types of claim. If you do not consider a question to be relevant to your circumstances please enter N/A next to the question

It is important that you make sure you carefully read the declaration at the end of the claim form and ensure that it is signed before returning the form to us. Failure to sign will result in your claim form being returned to you.

**POLICYHOLDER'S DETAILS**

Policy Number \_\_\_\_\_ Start Date \_\_\_\_\_ End date \_\_\_\_\_

Date insurance purchased \_\_\_\_\_

Mr / Mrs / Miss Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

Date of Departure from Home \_\_\_\_\_ Anticipated/Scheduled Date of Return \_\_\_\_\_

Destination \_\_\_\_\_ Purpose of Trip \_\_\_\_\_

**DETAILS OF YOUR HOLIDAY/JOURNEY**

Date trip was booked/Arranged \_\_\_\_\_

Date Deposit was paid for trip \_\_\_\_\_ How much paid? £ \_\_\_\_\_

Date final balance was paid \_\_\_\_\_ How much paid? £ \_\_\_\_\_

If you did not return on the scheduled date, what date did you return? \_\_\_\_\_

**DETAILS OF YOUR CLAIM**Did you have to: cancel (  ), curtail (  ) or re-arrange (  ) your trip – please tick as appropriate

Please give reasons for cancellation, curtailment or re-arrangement (use separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

Who did you notify of the above \_\_\_\_\_ and on what date \_\_\_\_\_

**If not the policyholder:**

Name of person necessitating the cancellation, curtailment or rearrangement: \_\_\_\_\_

Was the above named person due to travel / did travel with you? \_\_\_\_\_

What is your relationship with the above named person? \_\_\_\_\_

Please give the date of birth of the above named person \_\_\_\_\_

If you had to curtail all or part of your holiday please state which parts were missed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give details of any refunds in respect of your cancellation, curtailment or rearrangement from any third parties, e.g. airline or tour operator:

Name of Third Party	Amount Refunded	Date Refunded

**If you have not received any refunds please provide evidence from the relevant third parties that no refund was due to you and attach to your claim form**

Please state amounts being claimed and for what amounts are claimed:

Amount of Claim (Please clearly indicate Currency)	Reason for Claim	Office Use

(Please use additional sheet if necessary)

**OTHER INSURANCE**

Insurance companies have an agreement that if you hold two or more policies covering the same circumstances, each company will split the cost of the claim between them. It is a condition of your policy that you advise us if you have any other policies or have potential cover elsewhere. It is unlikely that you will lose any no claims bonuses attached to your other policies but if you have any concerns we suggest you contact the relevant insurer.

Do you have any other travel insurance cover (this could be included with your bank account or home insurance policy?) If YES please provide:

Name of Insurance Company: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Policy Number \_\_\_\_\_

### **PAYMENT DETAILS**

Should a payment become due under your insurance policy, your Insurers' preferred method of settlement is by BACS transfer and if this is convenient to you please complete the following:

Account name:  Account number:

Bank name:  Sort Code:

### **Alternatively:**

Please advise to whom any settlement cheque due should be made payable \_\_\_\_\_

**Please read the below carefully. No claim can be progressed unless the declaration has been signed.**

Please note that your personal information may be used for the purposes of insurance administration and claims handling by us, Canopius Underwriting Ltd, its associated companies, its co-insurers, the insured and its broker and other third parties advising us or otherwise relevant to the handling of your claim. Your personal information may be used by Canopius Underwriting Ltd and its reinsurer(s) and reinsurance broker(s) for any reinsurance claim made by them, for renewal purposes and for their management reporting and for internal and external audit.

It may also be used for statistical purposes, for fraud and crime prevention and may be disclosed to Lloyd's or regulatory bodies in connection with compliance with any regulatory rules or codes.

Your personal information may be transferred to any country, including those outside the European Economic Area, for any of these purposes.

### **DECLARATION**

I understand that the making of a fraudulent claim or knowingly exaggerated claim or providing untrue information is a criminal offence likely to lead to prosecution. I confirm that the information given on this form is, to the best of my knowledge and belief, true in every respect and that the amounts claimed have not been refunded to me or claimed from any other source.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (block capitals) \_\_\_\_\_

**If your claim is due to death, illness or injury you must ensure that this form is completed by the usual GP of the person who has caused the claim and at your own expense.**

**MEDICAL REPORT**

Name of Patient \_\_\_\_\_ Patient's Date of Birth \_\_\_\_\_

Are you the patient's usual practitioner? YES/NO

How long have you acted in this capacity?: \_\_\_\_\_

Please advise the precise nature of the condition, illness or injury that has caused a claim to be made under this policy \_\_\_\_\_

What date did the patient first become aware of the illness/injury? \_\_\_\_\_

When was the patient first seen by any medical practitioner for this condition? \_\_\_\_\_

When were you first consulted about this condition (if different from above)? \_\_\_\_\_

Has the patient suffered from the same or a similar condition in the past? YES/NO

If 'Yes' please advise details and dates of all previous treatments \_\_\_\_\_

Has the patient been included on a waiting list for in-patient treatment for this condition? YES/NO

If 'Yes' please advise the date they were put on the list \_\_\_\_\_

Did the patient consult you for permission to travel? YES/NO If YES please give date: \_\_\_\_\_

If so, did you consider the patient fit to travel at the time? YES/NO

**If claim was due to pregnancy please give:** Date pregnancy was confirmed \_\_\_\_\_

Expected due date \_\_\_\_\_

**If the claim is in relation to the death of your patient please provide:**

Cause of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

Date of onset of illness/injury that caused the death \_\_\_\_\_

Was the patient considered terminal YES / NO If 'Yes' the date terminal diagnosis given \_\_\_\_\_

If 'No', the date it became apparent that the patient might not survive \_\_\_\_\_

Please provide any additional information you think may assist with the claim made:

Thank you for your time and assistance in this matter, please carefully read and sign the declaration overleaf.

**DOCTOR'S DECLARATION**

I have examined the patient and/or their medical records. I confirm that to the best of my knowledge the information given above is correct and that no details relevant to the case have been omitted.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Qualification \_\_\_\_\_

Date \_\_\_\_\_

Practice Stamp: (Please include address &amp; telephone number if not on stamp)

### **GUIDANCE NOTES**

Please note that if you are unable to supply any of the evidence we request, you should include a separate covering note explaining this. This will enable us to deal with your claim promptly.

It is important that you provide evidence to support your claim and this should include but may not be limited to:-

- Original booking details and costs (this will need to be from the provider)
- Confirmation from providers of refunds provided or where none given confirmation of the same.
- Receipts for any additional costs incurred
- Any claim arising from death, illness or injury must have a completed medical report (pages 4 & 5)

Your claim form and supporting documents can be scanned and returned to us by email to [claims@rogerrich.co.uk](mailto:claims@rogerrich.co.uk) or by post to the following address:-

Roger Rich & Co  
2a Marston House  
Cromwell Park  
Chipping Norton  
Oxfordshire  
OX7 5SR

Should you require any assistance in the completion of this form or any query regarding your claim please do not hesitate to contact us by telephone on 01608 641351.