



Travel Claims Services
PO Box 5775
Southend-on-Sea
Essex
SS1 2JY

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 forward the following **original** documents that apply to the claim you are making (A tick box is provided for you to clarify the documents you are enclosing):

Completed and signed claim form attached

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. A separate invoice may be required for each element of your trip, if not booked as a package.*

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. Please note that completion by a hospital consultant is not acceptable unless this relates to an injury.*
- 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- d) *A letter from your superior confirming the date on which your leave was withdrawn and the reason for this, if you are a member of the armed forces, police fire, nursing or ambulance services.*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.*

May we kindly suggest that you always keep a copy of your documents and send the originals to us by Recorded Delivery. Please note that data held for the purpose of your claim is destroyed after 6 months to comply with our responsibilities under the Data Protection Act.

In addition, may we advise that where an email address is supplied we will look to communicate by this method to speed up our contact with you. Original documents may still be required by return and should be forwarded to the claims address provided in our communications.

Finally, we would advise that our claims are assessed using the information that you supply to us. We would therefore ask that before submission you fully read through all the evidence being supplied to ensure that this is accurate and relevant to your claim.

We look forward to hearing from you.

Yours sincerely,

A handwritten signature in blue ink, appearing to be 'J.R.', with a small flourish at the end.

Administered by Travel Claims Services Ltd

| | | | |
|--|---------------------------|--|-------------------------|
| Travel Insurance Claim Form. Travel Claims Services Ltd Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY | Date Sent: | | *webiandgclaims* |
| | 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.

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| <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)

| Claimants Name | Claimant Signature | Date of Birth | Dated |
|----------------|--------------------|---------------|-------|
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| | | | |

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|---|---------------------------|--|-------------------------|
| Curtailment (Cutting short your trip). Page 3 Travel Claims Services Ltd Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY | Date Sent: | | *webiandgclaims* |
| | Claim Ref : (if known) | | |

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:

| | |
|--------------------------|--|
| Company name and address | |
| Policy number | |

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

| | |
|-----|----|
| YES | NO |
|-----|----|

Please provide details:

| |
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Method of payment for the trip – Please select

| | | | | |
|------|--------|-------------------|------------------------|--|
| Cash | Cheque | Credit/Debit card | Reward points/Airmiles | |
|------|--------|-------------------|------------------------|--|

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) |
|-----------------------|---------------------------------|
| | |
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| | |

Previous claims

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

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|-----|----|
| YES | NO |
|-----|----|

If yes please give details:

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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:

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