

## Travel Claim Form



Cancellation

## Guidance Notes – Cancellation

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted).

You should read and sign the declaration and refer to the guidance notes overleaf for details of what we require.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

We are committed to ensuring our customers get the right help when they need it. If there are any specific circumstances or requirements that you think we should know about, such as a disability, financial hardship, bereavement — or anything else, then please let us know.

Please return the completed claim form to your Insurance broker. Thank you for your co-operation.

### ALL CLAIMS We require the following documentation

- The Tour Operator's or Service Providers Booking and Cancellation Invoices.
- Any unused tickets (Please note that if you have not booked through a tour operator these must be returned to the airline for cancellation and their confirmation of the charges to be obtained).
- A copy of your Certificate of Insurance.
- The Tour Operator or service provider's booking conditions. These are usually found in the trip brochure and may be obtained through your travel agent.

#### Illness/Injury

- The medical certificate on the claim form must be completed by the ill/injured person's usual medical practitioner.\*

#### Death

- The medical certificate on the claim form must be completed by the deceased person's usual medical practitioner.\* You must also provide a copy of the death certificate.

#### Redundancy

- Written confirmation of the redundancy from your employer. This must show the date you were first notified and whether any Statutory Redundancy payment has been made to you.

#### Other insured cause

- Written evidence to support your claim from an independent source.

**\*If you choose to provide other medical evidence we will make every effort to use this in considering your claim. You should, however, please note that we reserve the right to require our own medical certificate to be completed at a later date.**

### CHECK LIST

The following is provided for your convenience to enable you to check that you have sent the appropriate information to us.

Booking Invoice	<input type="checkbox"/>	Cancellation Invoice	<input type="checkbox"/>
Booking Conditions	<input type="checkbox"/>	Claim Form	<input type="checkbox"/>
Medical Certificate	<input type="checkbox"/>	Redundancy Confirmation	<input type="checkbox"/>
Death Certificate	<input type="checkbox"/>	Insurance Certificate	<input type="checkbox"/>
Tickets	<input type="checkbox"/>	Other Evidence	<input type="checkbox"/>
Date claim form posted	<input type="text"/>		

Policy Number  Date Issued

Insurance Issued by  (Agent's name and address)  
Postcode

Insured's Name  Initial  Title (Mr/Mrs/Miss/Ms, etc)  Age

Address  Postcode

Occupation

Home Tel. No. (inc. STD)  Work Tel. No. (inc. STD)

Purpose of Trip (delete as necessary) BUSINESS/PLEASURE

Name of Person Causing Cancellation  Age

Relationship to Person(s) Claiming

Reason for Cancellation (ie Death, nature of illness, injury or other cause)

Date Trip Booked  Date of Departure  Date of Return

Date of Incident Necessitating Cancellation  Date Trip Cancelled

Names of all who are cancelling	1	<input type="text"/>	Age	<input type="text"/>	4	<input type="text"/>	Age	<input type="text"/>
	2	<input type="text"/>	Age	<input type="text"/>	5	<input type="text"/>	Age	<input type="text"/>
	3	<input type="text"/>	Age	<input type="text"/>	6	<input type="text"/>	Age	<input type="text"/>

Do you have any other insurance that might cover you for cancellation charges (eg Private Health, other Travel Insurance) ? Yes ☐ No ☐

If Yes, please provide Insurance Company Name

Address

Policy No.  Postcode

## Amounts Claimed

Total Deposits Paid (excluding insurance premiums)	£	<input type="text"/>	Date Deposit Paid	<input type="text"/>
Total Balance Paid (excluding insurance premiums)	£	<input type="text"/>	Date Balance Paid	<input type="text"/>
Sub Total	£	<input type="text"/>	(excluding Insurance premiums)	
Deduct amount refunded by tour operator/airline, etc	£	<input type="text"/>		
Deduct UK departure tax as shown on flight ticket/invoice amount claimed	£	<input type="text"/>	(reclaimable from your airline/agent)	
(Service Provider's/Tour operator's cancellation charges) NET AMOUNT	£	<input type="text"/>	Does this represent loss of deposit only?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

## DECLARATION

I understand that the making of a fraudulent claim by 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 I have declared and not claimed amounts refunded to me or claimed from any other source.

**You must read the declaration before signing**

Signed  Date

MEDICAL CERTIFICATE

This certificate must be completed by the usual medical practitioner of the person whose illness, injury or death has led to the claim. If the claim arises from a death, please answer the questions in respect of the illness/injury that led to this.

All information will be treated as Private and Confidential

DOCTOR’S REPORT

Name of Person to whom this report refers (the Patient)

Are you the patient’s usual practitioner?

Yes

No

How long have you acted in this capacity for?Years

What is the precise nature of the condition, illness or injury that caused the cancellation?

When were you first consulted about this condition?

Has the patient suffered for the same or a similar condition in the past?

Yes

No

If Yes, please provide date(s) of previous treatment(s)

Has the patient been included on a waiting list for in-patient treatment?

Yes

No

If Yes, please advise date that they were first put on the list

If the cancellation was due to pregnancy, please advise:

Date this was confirmed

Expected date of delivery

Did the patient consult you for permission to travel?

Yes

No

If so, did you consider the patient fit to travel at the time?

Yes

No

What date did you advise the patient to cancel their travel arrangements?

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.

Signature

PRACTICE STAMP

Name

Qualification

Date

## IMPORTANT NOTICE TO ALL CLAIMANTS

In the event that your claim is successful, we shall most likely issue payment by BACS transfer directly into your bank account, as this is both a faster and more secure form of payment.

Can you please complete the boxes with your bank account number, bank sort code, bank name and bank address ensuring our claims reference is quoted.

Arch utilise an encrypted email system, but if your email system is not encrypted, we cannot guarantee the security of your communication and you may wish to consider alternative methods of submitting these details.

Please detach the final page if details regarding your claim need to be completed by your vet, doctor or other such professional, due to the sensitive data contained.

Name of Bank	
Branch	
Sort Code	
Account No.	
Account Name	
Claims Reference	
Signature	Date