Policy	Number:
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Personal Details of all people claiming

Title	Full Name	Date of Birth	Occupation	Usual Country of Domicile		
		Co	ntact Details			
Claima	ant Address:					
		Postco	ode:			
Daytin	ne Telephone:					
Email	Address:					
Wherev	ver possible we will try and com	municate with you by Ema	il or telephone for a quicker se	rvice.		
		T	and Datalla			
		Ira	vel Details			
Tra	vel Destination:	Country:				
		Resort:				
Dat	e of booking:					
Dep	parture date:					
Ret	urn date:					
Pur	pose of Trip:	Business	Pleasure Other			
If y	If you are on a multi destination trip please list all the countries visited?					

Dual Insurance Details

Please confirm if you or anyone else claiming has any other insurance policy that may cover
this event. This may include cover provided by your household insurer, Credit Card Company,
bank account or travel booking agent.

Yes	No

If Yes please provide details of the other company including where relevant full contact details, policy number or bank account number.
Please note there is an agreement between most travel and household insures that if we seek a contribution of any outlay made by Accident & Health Claims Services LLP then your "No-Claims" status will not be impacted.
For Medical Related Claims: 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 Accident & Health Claims Services Limited. 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.
Name
Signed
Relationship to claimant if applicable
Dated

If your claim is agreed how would you like to be paid?

- Please note payment directly into your bank account will be quicker than sending a cheque.
- If the payee name differs from the Assured as stated on the Schedule of Insurance a mandate on the Assured's letter headed paper will be required before payment can be issued.
- For payments into non UK bank accounts we can only arrange payment into the final receiving bank and not through an intermediary.

Preferred Payment Method	Bank Details	
Cheque	Confirm Payee:	
BACS (UK Bank Accounts only)	Name of Account Holder: Account Number: Sort Code	
Wire Transfer (payments into Non UK bank Accounts)	Bank Swift Code: For payments to all countries. Bank IBAN: For payments to all European countries. Account Number: Name of Account Holder: Country of Bank:	

Declaration

All Claimants over the age of 16 must sign below otherwise the claim form will need to be returned to you and this will result in a delay in handling your claim.

It is against the law to submit a fraudulent insurance claim which includes deliberately exaggerated claims. All types of fraud are taken seriously and if your claim if found to be in any way fraudulent then the claim will be declined and the Underwriters of the policy reserve the right to pursue a recovery by the use of civil action.

- I/We hereby declare that all information, documents and answers to questions given on this claim form are correct and true to the best of my/our knowledge. I/We have not omitted any 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 the other claimant's full authority to act on their behalf and I confirm that I understand that neither Accident & Health Claims Services LLP nor the Underwriters of the Insurance will accept any responsibility if any payments are not distributed proportionately to the persons concerned.
- I/We understand that the information on this form will be passed to or used by Accident & Health Claims Services LLP for my insurance; this includes underwriting, processing, handling claims and preventing fraud. This could include passing details to agents or other Insurers.
- I/We subrogate all rights of recovery to Accident & Health Claims Services LLP and also consent to them seeking reimbursement of any claims expenses paid by them.
- I/We agree to Accident & Health Claims Services LLP to contact my household insurers or medical insurers or other travel insurers regarding a contribution.

I agree that I have read and fully understood the above declarations.

aimant Signature	Date Signed
	imant Signature

Travel Cancellation Claim Form

Please indicate your reason for Cancellation:-

Death	"	llness	Injury			
Redundancy/Jury Service	Damage/Theft of Pro	perty Adverse	e Weather			
Please provide details of the re	ason for cancellation (conti	nue on a separate sheet	if necessary)			
If the reason for cancellation is due to the death, illness or injury of a non travelling person please confirm their name and relationship to you.						
			onfirm who was at fault and why. Iresses, plus details of the relevant			

Travel Cancellation Claim Form

Please confirm:-	
The date and time you became aware of the need to cancel your trip?	dd/mm/yy HH:MM
The date and time you informed your booking agent of the need to cancel?	dd/mm/yy HH:MM
The holiday/trip costs:-	
Ticket Costs	
Accommodation Costs	
Pre Booked Excursions	
Deduct refunds received or advised	
Total amount claimed	

Documents required to support a cancellation claim

You will need to send us the following original documents. Please keep copies for your own records.

- Booking invoice and/or confirmation of trip costs
- Cancellation invoice showing any refund due.
- For death, illness or injury claims the attached medical certificate needs to be completed by the relevant GP.
 The completion of the medical certificate is at your own expense. Unfortunately, a death certificate is not sufficient for our needs and we will need the medical certificate completed.
- For redundancy claims we will need a letter from the company confirming the redundancy and the dates of employment, together with confirmation of the employment status held.
- For jury service claims we shall require sight of the letter from court confirming your attendance.
- For property damage/theft claims we shall require a letter from the police confirming your attendance at the property was necessary. For major damage to property we shall require independent proof of the incident.
- For adverse weather claims we shall need proof that it was not possible for you to reach your departure point and confirmation of the reason why.

Travel Cancellation Claim Form

Medical Certificate – to be completed by the usual Medical Practitioner of the person who gives rise to the claim. Please note any charge made for the completion of this medical certificate is the responsibility of the claimant and is not refundable under the insurance cover.

Full name of the patient;				Date of	Birth	dd/mm/yy
Are you the above named (usual GP?	Y/N	N	If yes for how lo	ong?	
Please state the precise me	edical cond	ition, illness, inju	ury or cause	e of death, that gives r	ise to the c	laim.
Please state the exact date	the patien	t first consulted	you with th	ne symptoms of this co	ondition	dd/mm/yy
Please state all medical cor sought treatment or invest inpatient or outpatient) for months.	igation (wh	nether				
Please list all medication than donfirm the date of the change in dose if applicable Please continue on a separate sheet.	e last presc e.	•				
Has the patient received a	terminal pr	ognosis? If yes p	olease prov	de date and prognosi	s?	Y/N
If claim is as a result of pre	gnancy plea	ase confirm the	following:-			
Date pregnancy confirmed		ld/mm/yy	LMP	dd/mm/yy	ECD	dd/mm/yy
Was the claimant required	to cancel t	he trip solely du	e to the me	dical condition name	d above?	Y/N
Please state the exact date	you advise	ed the claimant of	of the need	to cancel		dd/mm/yy
I have examined the patient and/or referred to 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)		Qua	lifications			••••
Signature		Sur	gery Stamp			
Date						