

CANCELLATION / CURTAILMENT /
MISSED DEPARTURE TRAVEL DELAY/
PERSONAL LIABILITY CLAIMS FORM

Please complete this form and return it with all relevant documentation to the address given below

1. PERSONAL DETAILS

Date of Birth: _____

Occupation: _____

Tel.: _____

Good time to contact (at the agent's phone number given below): _____

2. INSURANCE DETAILS

Policy name: _____

Travel dates: _____ From: _____ To: _____

Name of travel agent, if any: _____

Name of tour operator, if any: _____

Hotel accommodation details: _____

Resort: _____

Country: _____

3. CANCELLATION / LOSS OF DEPOSIT / CURTAILMENT

Reason of Cancellation or Curtailment

1. For cancellation/loss of deposit

a) Date of trip originally booked: _____

b) Date of purchase of insurance: _____

c) Date of cancellation of trip: _____

d) Total cost of holiday: _____

e) Amount refunded: _____

f) Amount claimed: _____

2. For curtailment of trip

a) Date of trip originally booked: _____

b) Date of incident causing curtailment: _____

c) Date of purchase of insurance: _____

d) Actual return date: _____

e) Original transport method (air/ferry/coach etc.): _____

f) Amount claimed for additional expenses: _____

IF THE REASON FOR THE CLAIM IS MEDICAL, THE ATTACHED MEDICAL CERTIFICATE MUST BE COMPLETED BY THE USUAL DOCTOR OF THE PERSON WHOSE CONDITION GIVES RISE TO THE CLAIM

PLEASE NOTE: Any charge made by a doctor for medical reports must be paid by the claimant

4. MISSED DEPARTURE/TRAVEL DELAY

Reasons for Delay or Missed Departure:

1. For missed departure

a) Point of departure: _____

b) Date and time of planned departure: _____

c) Transport used (air/coach/ferry, etc.): _____

d) Method employed to rejoin trip: _____

e) Amount claimed: _____

2. For travel delay

- a) Scheduled date and time of departure: _____
- b) Actual date and time of departure: _____
- c) Number of hours delay: _____
- d) Flight/ferry number: _____
- e) Airline/ferry company: _____

5. PERSONAL LIABILITY

Address of holiday apartment/hotel: _____

Date and time of incident: _____

Full details of incident (continue on a separate sheet if necessary): _____

THE FOLLOWING ORIGINAL DOCUMENTS MUST BE SENT WITH YOUR CLAIM FORM FOR CLAIM PROCESSING

Item	Enclosed
1. Your original holiday/flight confirmation and/or receipt or deposit receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Your certificate of insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Your travel tickets	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Proof of cancellation, medical certificate, redundancy notice, court summons, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Recipients for additional travel and/or accommodation expenses (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Confirmation of cause of claim, from carrier, breakdown organization or garage, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Confirmation from the carrier, stating reason for delay including actual travel time	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Any other documentation to support your claim	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

I declare that to the best of my knowledge all particulars contained in this form are true and correct.

Signed: _____ Date: _____

Claim settling agents:

SPECIALITY CLAIMS SERVICE
Wickfield House, 18-22, Disney Place
London SE1 1HJ
Tel.: +44 (020) 7939 9650
Fax: +44 (020) 7407 9206