

CANCELLATION CLAIM CHECKLIST

The attached claim form and relevant documents from the checklist below should be sent to us if you have had to cancel your holiday or trip and wish to make a claim under your travel insurance policy. This list is not exhaustive and we may ask for further evidence once we review your claim.

A claim number will be notified to you once we have validated your details.

Proof of insurance and any medical endorsements –

POLICY OR CERTIFICATE OF TRAVEL INSURANCE / VALIDATION CERTIFICATE - your claim will be delayed if you do not submit this. (Please note this is NOT the ATOL certificate) We do not need the policy booklet.

Employer's details and policy number where you are insured under a company scheme, insurance reference number etc.

Proof of travel –

This must show total cost of the trip, the names of all passengers, the date of booking and the travel dates and come from the tour operator or airline. If you booked independent arrangements (i.e. car hire, travel tickets, accommodation etc.) please send the booking invoice for each item

If you booked your trip over the internet please ALSO send copies of the confirmation emails you received

If you booked your trip through a travel agent please ALSO send copies of the agents booking confirmation

Tour operator's / airline cancellation invoice –

This must show the amount the tour operator has charged as a cancellation fee. If you booked independent arrangements (i.e. car hire, travel tickets, accommodation etc.) please send the cancellation invoice for each item being claimed

If you booked your trip over the internet please ALSO send copies of the cancellation emails you received

If you booked your trip through a travel agent please ALSO send copies of the agent's cancellation confirmation

If you did NOT cancel your trip prior to the departure date and a cancellation invoice is not issued please obtain a "No Show" letter

Unused tickets –

Tickets and invoices relating to any unused pre booked excursion, theme park entrance, activity, ski pass, theatre tickets etc. for which you are claiming

Medical / Injury / Death –

The attached Medical Certificate completed by the USUAL GP. We are sorry but we cannot accept the medical certificate completed by anyone other than the usual GP of the person causing the cancellation

The original death certificate (which we will return) or a certified copy

If the deceased was insured under this policy we may require a copy of the Grant of Probate

Redundancy –

A letter from your employer confirming the date you were notified of your redundancy and the length of your employment

Withdrawal of leave –

Your employer must provide a letter confirming that your planned leave was authorised and subsequently withdrawn. This must include the date you were first notified of this and the reason why your leave has been withdrawn

Other insurance –

If you have submitted a claim connected to this one to another insurance company please send copies of all correspondence

To help you with your claim our FAQs can be viewed at www.reactiveclaims.com

Reactive Claims

Attwood House | Mansfield Business Park | Four Marks | Hampshire | GU34 5PZ
Main Office: 01420 383010 | Fax: 01420 558111 | Web: www.reactiveclaims.com

CANCELLATION CLAIM FORM

Please answer **ALL** questions using **BLOCK CAPITALS**

Please note that ALL persons claiming under this insurance MUST be listed on the General Details page if we are to consider their claim.

1. Reason for cancellation: ILLNESS / INJURY / DEATH / OTHER <i>(please specify):</i>
2. Please explain why it was necessary to cancel the trip: - <i>continue overleaf if necessary</i>
3. Precise medical diagnosis:
4. Name of person causing the cancellation of the trip:

*The attached medical certificate must be completed by the USUAL GP of the person named in Question 4. This must be the USUAL GP and **NOT** a hospital consultant or medical specialist as the GP will have full access to previous medical history records which will be required to ensure the medical certificate is completed correctly.*

5. Was this person travelling with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, were you aware of their medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No -please explain their relationship to you and the remainder of your travelling party		
6. No. of people claiming under <u>this</u> insurance:	7. No. of people in party:	8. Date trip cancelled: / /
9. Date you were first aware of the need to cancel: / / -if there is a gap between the date of cancelling and the date you were first aware of the need to cancel please explain why:		
10. At the time of booking the trip and buying this insurance were you or anyone travelling, aware of any reason why the trip may need to be cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		

11. Please complete the table below

TYPE	COST	REFUND	BALANCE CLAIMED	12. TOTAL CLAIMED
Packaged holiday				£
Tickets				<i>Insurance premiums are NOT refundable</i>
Accommodation				<i>Office use ONLY</i>
Pre booked excursions				
Other <i>(please specify)</i>				

13. Please provide details of any vouchers / Airmiles / Rewards etc. used towards the total costs:	
14. Please provide the name of any debit or credit card used to pay for any part of the trip e.g. Lloyds Bank debit / Barclaycard etc.	
15. Have you or any other claimant listed made any <u>previous</u> claims under a travel insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
16. Do you have any other insurance that may cover this claim e.g. through your bank account or employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details overleaf:	17. Has a claim been submitted to any other company in respect of this trip by any of the other party members? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details overleaf:
18. Name, address and policy number of home contents insurance:	

MEDICAL CERTIFICATE

Please complete questions **13 & 14** before passing this form to your GP.
Please answer ALL questions in full, using **BLOCK CAPITALS**.

This form is to be completed by the USUAL GP of the person causing the cancellation, whether travelling or not. This must be the USUAL GP and NOT a hospital consultant or medical specialist as the GP will have full access to previous medical history records which will be required to ensure the medical certificate is completed correctly. Charges made for the completion of this form are NOT claimable under this insurance.

1. Full name of person to whom these medical details apply:			
2. Date of birth: / /	3. Age:	4. Relationship to claimants:	
5. Medical condition / injury / cause of death:			
6. Is regular medication taken for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide prescription details:			
7. Please provide details of any previous medical history of the above condition or other relevant condition:			
8. Is regular medication taken for any other condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide prescription details and state the relevant condition to which each medication refers:			
9. Exact date of onset of symptoms for this condition: / /		10. Date GP first consulted: / /	
11. Date it first became apparent of the need to cancel: / /		12. Date you advised the need to cancel: / /	
13. Date insurance purchased: / /		14. Date trip booked: / /	
15. At the time the insurance was purchased and the trip booked (<i>Q13 & Q14 refers</i>) please state whether:			
a) The condition was under control <input type="checkbox"/> Yes <input type="checkbox"/> No			
b) This was an exacerbation of an existing condition <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date of exacerbation / /			
c) The patient was on a waiting list for in-patient treatment or was an in-patient <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date / /			
d) The patient had received a terminal prognosis <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date / /			
e) If the patient was travelling, the condition was a contra indication to do so <input type="checkbox"/> Yes <input type="checkbox"/> No			
f) The patient had previously been advised <u>AGAINST</u> travel <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:			
16. Was the treatment / surgery prescribed for this condition elective? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:			
17. Pregnancy ONLY –			
a) Date of LMP: / /		b) Date pregnancy confirmed: / /	
		c) EDC: / /	
d) Exact medical condition preventing travel:			
<p>GP's DECLARATION</p> <p>I certify that the cancellation was due solely to the medical conditions stated. I declare that the information given is correct.</p> <p>Print name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Qualifications: _____</p>		<p>Group practice stamp – <i>this form will be returned if this is not provided:</i></p> <hr/> <p>Practice name & address:</p>	

Please use the reverse of this form for any additional relevant information. Please indicate if you have done this Yes No