

Email: info@reactiveclaims.com

Proactive Service

CURTAILMENT CLAIM CHECKLIST

The attached claim form and relevant documents from the checklist below should be sent to us if you have had to return home from your holiday or trip earlier than planned 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				
Evidence to support the claim –				
Medical Certificate completed by the USUAL GP of the non-travelling person whose illness or injury caused the curtailment. We are sorry but we cannot accept the medical certificate completed by anyone other than the usual GP of the person causing the curtailment Medical report issued by the overseas treating doctor advising of the need to return early				
The original death certificate (which we will return) or a certified copy If the deceased was insured under this policy we will require a copy of the Grant of Probate				
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				
Additional travel & accommodation costs –				
Hotel/accommodation invoice showing dates, costs and names of guests. Travel tickets / invoice showing date, cost and passenger names				
Third party responsibility –				
Name, address and general information about the person or company whom you feel was responsible for your illness or injury. Photographic evidence should be provided if available. Police report if applicable. Details of any solicitor or company you have appointed to handle a personal injury claim on your behalf				
Armed forces withdrawal of leave –				
Your commanding officer must provide a letter confirming that your planned leave was authorised and subsequently withdrawn. This must include the date you were first notified and the reason why leave has been withdrawn				
Non-specified curtailment –				
For curtailment reasons not mentioned above please provide relevant and appropriate documentary evidence of the need to return home early. Please call us for further guidance if you are unsure				
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

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CURTAILMENT 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 curtailment: ILLNESS / INJURY / DEATH / OTHER (Please specify):						
2. Please explain why it was n	ecessary to curtail or rearrange the trip:	:- continue overleaf if ne	ecessary			
3. Precise medical diagnosis:						
4. Name of person causing the	e curtailment or rearrangement of the t	rip:				
	vith you?		edical cond	ition? • Yes • No		
6. At the time of booking the curtailed? Yes No If	rip and buying this insurance were you res, please provide details:	or anyone travelling,	aware of a	ny reason why the trip may need to be		
7. Did you contact the 24 hour emergency assistance company? Yes No No No No No No No No No N						
9. Date of incident causing cu	rtailment: / / 10. So	cheduled return:	/ /	11. Actual return: / /		
12. No. of days booked: 14. No. of days lost: 15. No. in party:	Office	use ONLY				
16. Was an attempt made to r	evalidate /use your original return trave	el tickets / arrangeme	ents? 🔲 Ye	es No Please explain the outcome:		
-what the refund is in rela -name of company giving -total amount refunded:	the refund:		,			
18. Please list all <u>additional</u> ex below. <i>See example highlighted</i>		se number the receip	ts and cross	s reference them against the expenses schedule		
RECEIPT DATE No.	NATURE OF EXPENSE	CURRENCY	AMOUNT	19. TOTAL ADDITIONAL EXPENSES CLAIMED £		
1 01/01/2013	Flight tickets x 2	£	150.00	_		
				Office use ONLY		
20. Have you or any other clai	mant listed made any <u>previous</u> claims u	nder a travel insurand	ce policy?	☐ Yes ☐ No If yes, please provide details:		
21. Do you have any other ins through your bank account o If yes, please provide details		trip by any of	22. Has a claim been submitted to any other company in respect of this trip by any of the other party members?			
23. Name, address and policy	number of home contents insurance:	_				

MEDICAL CERTIFICATE

Please complete questions <u>13 & 14</u> 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 <u>USUAL GP</u> and <u>NOT</u> 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 <u>NOT</u> claimable under this insurance.

1. Full name of person to whom these medical details apply:							
2. Date of birth: / / 3. Age:	4. Relation	onship to claimants:					
5. Medical condition / injury / cause of death:							
6. Is regular medication taken for this condition? ☐ Yes ☐ 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? Yes 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	on: / /	10. Date GP first consulted: / /					
11. Date it first became apparent of the need to car	ncel: / /	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 (Q13 & Q14 refers) please state whether: a) The condition was under control Yes No b) This was an exacerbation of an existing condition Yes No If yes, give date of exacerbation / / c) The patient was on a waiting list for in-patient treatment or was an in-patient Yes No If yes, give date / / d) The patient had received a terminal prognosis Yes No If yes, give date / / e) If the patient was travelling, the condition was a contra indication to do so Yes No f) The patient had previously been advised AGAINST travel Yes No If yes, please provide details:							
16. Was the treatment / surgery prescribed for this condition elective? ☐ Yes ☐ No If yes, please provide details:							
a) Date of LMP: / / b d) Exact medical condition preventing travel:	o) Date pregnancy confi	nfirmed: / / c) EDC: / /					
GP's DECLARATION I certify that the cancellation was due solely to the medical conditions stated. I declare that the information given is correct. Group practice stamp – this form will be returned if this is not provide							
Print name:							
Signature:		Practice name & address:					
Date:							
Qualifications:							