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](http://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** (please specify):

2. Please explain why it was necessary to cancel the trip: - continue overleaf if necessary

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? ☐ Yes ☐ No If no, were you aware of their medical condition? ☐ Yes ☐ No 
   - please explain their relationship to you and the remainder of your travelling party

6. No. of people claiming under this insurance: 7. No. of people in party: 8. Date trip cancelled: / /

- 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:

9. 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? ☐ Yes ☐ No 
   If yes, please provide details:

10. Please complete the table below

<table>
<thead>
<tr>
<th>TYPE</th>
<th>COST</th>
<th>REFUND</th>
<th>BALANCE CLAIMED</th>
<th>12 TOTAL CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Packaged holiday</td>
<td></td>
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</tr>
<tr>
<td>Tickets</td>
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<tr>
<td>Accommodation</td>
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<tr>
<td>Pre booked excursions</td>
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<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
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</tr>
</tbody>
</table>

**Insurance premiums are NOT refundable**

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 previous claims under a travel insurance policy? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ 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: / / 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 (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:

17. Pregnancy ONLY –
   a) Date of LMP: / / b) Date pregnancy confirmed: / / c) EDC: / /
   d) Exact medical condition preventing travel:

GP’S DECLARATION
I certify that the cancellation was due solely to the medical conditions stated. I declare that the information given is correct.

Print name: __________________________________________

Signature: __________________________________________

Date: ______________________________________________

Qualifications: _______________________________________

Group practice stamp – this form will be returned if this is not provided:

Practice name & address: ________________________________

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