



Travel Claim Form Cancellation

GUIDANCE NOTES - CANCELLATION

Please Make a Note of Your Claim Reference

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Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted).

You should read and sign the declaration and refer to the guidance notes below for details of what we require.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

Please return the completed claim form to:

Towergate Travel
Po Box 1392
Preston
PR2 0XE

Thank you for your co-operation.

ALL CLAIMS, we require the following documentation

- The Tour Operator's or Service Providers Booking and Cancellation Invoices.
- A copy of your Certificate of Insurance.

Illness/Injury

The medical certificate on the claim form must be completed by the ill/injured person's usual medical practitioner.* The charge made for completing this form cannot be claimed back under your insurance policy, so we would encourage you to discuss the cost with your GP before requesting its completion.

Death

If the death was linked to an existing medical condition, then the medical certificate on the claim form must also be completed by the deceased person's usual medical practitioner.* You must also provide a copy of the death certificate. The charge made for completing this form cannot be claimed back under your insurance policy, so we would encourage you to discuss the cost with your GP before requesting its completion.

Redundancy

Written confirmation of the redundancy from your employer. This must show the date you were first notified and whether any Statutory Redundancy payment has been made to you.

Other insured cause

Written evidence to support your claim from an independent source.

* If you choose to provide other medical evidence we will make every effort to use this in considering your claim. You should, however, please note that we reserve the right to require our own medical certificate to be completed at a later date.

Check List

The following is provided for your convenience to enable you to check that you have sent the appropriate information to us.

Booking Invoice

Redundancy Confirmation

Medical Certificate

Policy Document

Death Certificate (where applicable)

Other Evidence

Cancellation Invoice

When you purchased your insurance, did you contact the Towergate Medi-screen service to declare any medical conditions you have or have had? If so can you please provide the Medical Screening Reference and Documents.

Claim Form

Date claim form posted to us

Policy Number Date Insurance Purchased

Insurance Issued by
(Agents name and Address)

Insured's Forename Surname Title D.O.B.

Address

Occupation Email

Telephone No.

Details of Person Causing Cancellation: Name D.O.B.

Relationship to Person(s) Claiming Purpose of Trip: BUSINESS PLEASURE

Cancellation (ie Death, nature of illness, injury or other cause)

Date Trip Booked Date of Departure Date of Return

Date Cancellation First Necessary Date Trip Cancelled

Names of all who are cancelling

1	D.O.B	2	D.OB.
3	D.O.B	4	D.O.B
5	D.O.B	6	D.O.B
7	D.O.B	8	D.O.B.

Do you have any other insurance that might cover you for cancellation charges (e.g. Private Health, other Travel Insurance or Packaged Bank Account Insurance)? Yes No

If Yes, please provide Insurance Company Name

Policy Number Address

Type of Insurance

Amounts Claimed

Total Balance Paid £ Date Balance Paid

Does this represent loss of deposit only? Yes No Total Amount Refunded by the Tour Operator/Airline etc. £

DECLARATION

I/We understand that in handling this claim, Towergate Travel (a trading name of Towergate Underwriting Group Limited) will act on behalf of the Insurer(s) and that I/we confirm our informed consent to the claim being handled on this basis. I understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. I confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

You must read the declaration before signing

Signed

Date

MEDICAL CERTIFICATE

This certificate must be completed by the medical practitioner or hospital consultant (whichever is the most relevant) of the person whose illness, injury or death has led to the claim. If the claim arises from a death, please answer the questions in respect of the illness/injury that led to this.

All information will be treated as Private and Confidential.

DOCTOR'S REPORT

Name of Person to whom this report refers (the Patient)

Are you the patient's usual practitioner? Yes No How long have you acted in this capacity for? yrs

What is the precise nature of the condition, illness or injury that caused the cancellation?

When were you first consulted about this condition? Date condition was diagnosed?

Has the patient suffered from the same or a similar condition in the past? Yes No

If yes, please provide date(s) of previous treatment(s) (Please attach a separate sheet if necessary)

Was the patient's medical condition stable and well controlled at the time the insurance was purchased (see previous page)?

Was the patient receiving or awaiting treatment for any bodily injury, illness or disease as a hospital day case or in-patient? Yes No

If yes, please provide the dates of this

Date cancellation was necessary? Date this was advised to the patient?

Has the patient been given a terminal prognosis? Yes No If yes, please advise of the date this was given

Was the patient traveling for the purpose of obtaining medical treatment? Yes No

If yes, please provide details of this

Did the patient consult you for permission to travel? Yes No

If so, did you consider the patient fit to travel at the time? Yes No

If the patient is suffering from either, stress, anxiety or depression or any other mental or nervous disorder, has it been investigated and diagnosed as such by either a registered mental health professional (if they are under the care of a Community Mental Health Team), or a consultant specialising in the relevant field, who previously confirmed in writing that they were fit enough to take this trip? Yes No

If Yes, please attach documentation supporting this from the health professional / consultant.

If the cancellation was due to pregnancy, please advise:
Date this was confirmed Expected date of delivery

DECLARATION

I have examined the patient and/or their medical records. I confirm that to the best of my knowledge the information given above is correct and that no details relevant to the case have been omitted.

Signature

Name

Qualification

Date

PRACTICE STAMP

IMPORTANT NOTICE TO ALL CLAIMANTS

Towergate is the data controller for the personal information you provide and we are committed to keeping this information safe and secure.

In order for us to process your claim we will collect personal information such as your name, telephone number, email address, postal address, occupation, date of birth and payment details (such as your bank account number and sort code).

We may also request and collect sensitive information such as details of convictions or medical history. We may also use additional personal information available on social media or in the public domain.

Further details on how we use and share personal information can be found in our Fair Processing Notice on our website here <http://www.towergate.com/fair-processing-notice>

In the event that your claim is successful, we shall most likely issue payment by BACS transfer directly into your bank account, as this is both a faster and more secure form of payment.

Can you please complete the boxes with your bank account number, bank sort code, bank name and bank address.

Please detach the final page if details regarding your claim need to be completed by your doctor or other such professional, due to the sensitive data contained.

Name of Bank	<input type="text"/>
Branch	<input type="text"/>
Type of Bank Account (current, premier, reward etc)	<input type="text"/>
Sort Code	<input type="text"/>
Account No.	<input type="text"/>
Account Name	<input type="text"/>

If you are returning these details via email and your email system is not encrypted, we cannot guarantee the security of your communication and you may wish to consider alternative methods of submitting these details.

Signed	<input type="text"/>	Date	<input type="text"/>
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Claims Contact Details

Towergate Travel
PO Box 1392
Preston
PR2 OXE

E-mail: towergatetravelclaims@directgroup.co.uk

Tel: **0345 074 4838**