

TRAVEL – CANCELLATION CLAIM FORM
(Please return this form to your Insurance Broker or
claims@oak-underwriting.com)



Details of the Policy Holder and Policy:			
Name:			
Address:			
Post Code:			
Telephone Number:			
Work Telephone Number:			
Email Address:			
Date Of Birth:			
Policy Number:			
Renewal Date:			
Trip Details:			
Outward Journey Date:			
Return Journey Date:			
Country:			
Destination:			
Name of persons claiming under this insurance:			
1)			
2)			
3)			
4)			
5)			
6)			
Required Documentation:			
Please send the following documentation (where relevant) in order to prevent any delays on your claim.			
Medical pre-screening Confirmation (If applicable)			
Holiday booking invoice showing the date the holiday/trip was booked, who was booked to travel, the travel dates, the destination and the amounts paid.			
Holiday cancellation invoice showing the date that the holiday/trip was cancelled, who has cancelled, the cancellation fee and the amount of the refund you are receiving (if any)			
The Medical Certificate completed by the usual GP of person causing the cancellation.			
Details of amounts paid for the trip:			Date Paid:
Deposit:	£		
Balance:	£		
Amount refunded by your tour operator:	£		
Total amount claimed (Cancellation charge)	£		
Cancellation due to medical reasons:			
Description of injury/illness			
<i>Please ensure that the Medical Certificate attached is completed by your GP.</i>			
<i>If cancellation is due to redundancy please provide us a letter from your employer confirming that you qualify for statutory payment under the Employment Protection Act.</i>			
<i>If cancellation is due to your jury service please provide us with your jury confirmation letter showing us when you were notified of the jury service and the dates you are required to attend court.</i>			
<i>If cancellation is due to any other reason, we may request additional independent confirmation of the need to cancel.</i>			
Date you cancelled your holiday/trip:			
How did you advise cancellation?	By Phone:	In Writing:	In Person:

TRAVEL – CANCELLATION CLAIM FORM
(Please return this form to your Insurance Broker or
claims@oak-underwriting.com)



Is there any other insurance in force on the loss claimed for?		Yes / No
If "Yes" Name and address of insurer:		
Policy/Reference Number:		
Bank Details:		
Account Name:		
Account Number:		
Sort Code:		
Name of Bank:		
<i>I/We declare that to the best of my knowledge and belief all information provided is correct. I understand that some of the information I have provided will be made available to other insurers for claim handling purposes. I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the giving of such information. I agree that I will supply all requested, necessary documents in support of my claim at my expense.</i>		
Date:	Signature(s):	