



# Cancellation of a Trip

## Important - Please Read

To ensure your claim is processed promptly please follow these instructions:

**First**, check the Cancellation section of the policy to make sure you are covered. *If your claim is as a result of COVID19 and/or FCO advice please visit our [FAQs](#) which should cover most of the questions you might have.*

**Then**, if appropriate:

1. Complete the claim form below (pages 1 to 3)
2. Put your policy number in the email subject line (i.e. POST12345)
3. Attach the required documents below
4. Email your claim to us at [claims@postcardtravelinsurance.co.uk](mailto:claims@postcardtravelinsurance.co.uk)

**All holiday booking documents** showing dates of booking, trip dates and all costs, including travel and accommodation. *Please ensure that this also shows the names of all the passengers on the booking(s).*

**Holiday cancellation documents including cancellation invoice** showing extent of refund, if any. *Please be aware that if your trip has been cancelled, rearranged or curtailed as a result of COVID19 and/or FCO advice, then it is likely that your transport and/or accommodation provider is going to be able to refund you. In conjunction with the terms and conditions of your policy wording, we will only be considering claims where you have approached the appropriate provider for either refund/reimbursement or change to trip dates, prior to submitting a claim to us.*

**Documentation detailing reason for cancellation.** *If due to illness or injury this means the medical certificate within the claim form completed by the GP of the person concerned; if due to other reasons this means official correspondence showing why you could not travel as planned.*

Current **Insurance certificate/schedule** to support this claim. *This should display the policy details and the name of the insured person(s) covered on the policy' This would have been sent to you when you purchased your policy.*

**Please note.** We do not need original receipts, passports, EHIC's, certificates etc. – Please email photographs or scanned copies to us. Please ensure you keep the originals safe in case we need them in the future.

**Due to the COVID-19 outbreak, in the interest of staff safety, please send your completed claim form and documents via email to [claims@postcardtravelinsurance.co.uk](mailto:claims@postcardtravelinsurance.co.uk)**

# Cancellation of a Trip - Page 1 of 3



Email this form to: [claims@postcardtravelinsurance.co.uk](mailto:claims@postcardtravelinsurance.co.uk)

Claims Reference Number, if known:	
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## Details of the Claimant

Title:		First Name:		Last Name:	
Address:					
Post Code:		Email Address:			
Date of Birth:		Telephone:			
Bank Name:			Name on Account:		
Account Number:			Account Type: (e.g. premier, gold, reward)		
Sort Code:			SWIFT/BIC (for payments outside of the UK)		
IBAN (International Bank Account Number):					

For your convenience and to offer an efficient smoother service, we will pay any claim settlement due directly into your bank account. *We do not accept liability for any payment misdirection or delay due to the incorrect bank details being provided by you.*

## Details of the Insurance Policy and Trip

Policy Number:		Date of Issue:	
Insurance Company Name:		Date Trip Booked:	
Policy Cover Level (e.g. silver, gold, standard etc.)		Destination:	
Trip Date From:		To:	
Do you or any of the insured party have any other travel insurance cover, e.g. through a Bank Account?			

## Details of Claim

Date Trip Cancelled:			
Reason for Cancellation:			
Please List the Claimants on this Policy:			
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Total Cost of Travel:		Total Cost of Accommodation:	
Insurance Premium Value: (If Included in the Above)			
Refunds Received/Agreed:		Claimed Amount:	

# Medical Certificate - Page 2 of 3



This medical certificate is to be completed by the General Practitioner of the person whose death, illness or injury caused this claim.

*NOTE: Any charges for completion of this form are the responsibility of the claimant.*

Policy Number:			
Doctors Name:		Doctors Qualification:	
Signature:			Date:
Surgery Stamp:			Telephone:

Please answer ALL questions in full. (N/A or dashes are not acceptable).

Patients Name:		Date of Birth:	
Address:		Post Code:	

Please detail the medical condition that necessitated this patient to cancel their planned trip:

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When were symptoms of this condition first noted?	
When was the condition formally diagnosed?	
If this an exacerbation of a recurring/chronic condition, advise deterioration date?	

Has the patient been referred to a consultant or been admitted to hospital for tests or treatment in the last 3 years? If so, please detail the conditions that required investigation/treatment and confirm dates of attendance.

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Has the patient ever suffered from any cardiac or circulatory conditions including stroke, any type of cancer, or any chronic or recurring respiratory problems? If yes, please provide details and dates of most recent treatment/investigation.

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Please list all regularly prescribed medication along with date first prescribed:

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# Declaration - Page 3 of 3



We at tifgroup are acting agents on behalf of your insurer, full details are listed within your policy document, if we require information from your Doctor in respect of your claim you have certain rights under the Access to Medical Reports Act 1988: -

- Your consent\* is required before the insurer or anyone acting as their agent can apply for a report and you may see the report before it is supplied to the insurer or their agents, or at any time during the six months after that.
- If you disagree with the contents of the report or consider it to be misleading you may ask your Doctor to amend it. If the Doctor disagrees you may add your own written comments. The Doctor may withhold all or part of the report from you if he/she thinks that this would be in your best interests, or that of others. Alternatively, you can refuse to give your consent\*.
- At no time will the report be sent to the insurer or anyone acting as their agent without your consent.

\*You can refuse to give your consent however this may mean we are unable to deal with your claim

Charges made by the Doctor for providing such a report are your responsibility, as they are not covered by this policy.

## Declaration

I consent to tifgroup or anyone acting as agents for the insurer as detailed within the policy documents, seeking medical information from any doctor who has at any time attended me concerning anything which affects my/ the patient's physical and/or medical health. I authorise the giving of such information during and after my lifetime. I have been informed of and understand my rights under Access to Medical Reports Act 1988 (see above).

Signature:		Date:	
Print Name:			

## Claim Declaration

- I/We declare that all the details provided above are true and accurate to best of my knowledge.
- I/We give consent for tifgroup to seek recovery of monies paid where other insurers cover the same risk, or from third parties who may be held liable.
- I/We understand that details of this claim may be passed to the insurance industries central claim register
- I/We understand that if a claim is found to be fraudulent or exaggerated that this will invalidate the whole claim and tifgroup may seek to recover any costs through the civil courts.
- I/We understand that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither tifgroup or the underwriters of the policy will accept the responsibility if any payments are not distributed proportionately to the persons concerned.

Signature:		Date:	
Print Name:			

## Consent

I give my authority for you to communicate with the following people who I may wish to contact you, or to be a point of contact for me, whilst my claim is being finalised.

Full Name:	
Full Name:	

Your Signature:		Date:	
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Email this form to: [claims@postcardtravelinsurance.co.uk](mailto:claims@postcardtravelinsurance.co.uk)



# Cancellation of a Trip Checklist

## Important - Please Check

To ensure your claim is processed promptly please ensure you have completed the below:

1. Does your policy cover you for the cancellation you are claiming for?
2. Have you checked if you need to claim from your travel operator first?
3. Have you completed all required fields in the claim form?
4. Have you attached the following required documents?

All holiday booking documents

Holiday cancellation documents including cancellation invoice

Documentation detailing reason for cancellation

Insurance certificate/schedule

5. Have you included your policy number in the email subject line?

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