

Cancellation of a Trip

Important – Please Read!

To make sure 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. AT112345)
3. Attach the required documents, as listed below
4. Email your claim to us at claims@postcardinsurance.co.uk

- ☐ **Completed Claim Form** – You should complete all sections relevant to your claim, save a copy and email to us with all the requested supporting documentation as listed below.
- ☐ **Insurance certificate** – Including any medical declarations. This will confirm who you purchased your insurance from and the cover agreed.
- ☐ **Booking invoice(s)** – With full details of your trip booking (inbound and outbound flight, accommodation, transfers etc.) These documents need to include the booking date, travel dates, destination, names of all people booked to travel/ stay and confirm how much money you paid for the booking.
- ☐ **Cancellation documentation** – Including cancellation invoice(s) or no shows for your trip showing any extent of refund, if any.
- ☐ **Documentation detailing the reason for cancellation** – If due to illness or injury this means the medical certificate within the claim form is required to be 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.

Please make sure you keep the originals documentation and receipts unless we request them from you. If we do then please send them to us by recorded delivery and keeping a receipt of proof. Please note that all documentation is destroyed after 3-months to comply with our responsibilities under the Data Protection Act.

Please be aware that in all instances we accept the original reason or circumstances described when a claim is notified or submitted, any change in circumstances or claim description that is submitted at a later date will be referred to our investigations team in line with our fraud prevention policy.

Due to the COVID-19 outbreak, in the interest of staff safety, please send your completed claim form and documents via email to claims@postcardinsurance.co.uk

Please consider the environment before printing this form.

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Email this form to: claims@postcardinsurance.co.uk

Top Tip: If you tap or click the box you can type away & email your claims form with the relevant documents to us.

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

Title:		First Name:		Last Name:	
Address:					
Post Code:		Email Address:			
Date of Birth:		Telephone:			

Details of the Claimant's Bank

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?			

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Details of Claim

Date Trip Cancelled:			
Brief 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:	
Name:		Date of Birth:	
Name:		Date of Birth:	

Item Description:	Date Booked:	Amount Paid:	Date Cancelled:	Refund already received:	Claiming for:

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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 any 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:	

Email this form to: claims@postcardinsurance.co.uk

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Registration No.3220410 Travel Insurance Facilities plc are authorised and regulated by the Financial Conduct Authority. Travel Insurance Facilities plc are members of the Financial Compensation Scheme.

Post: tifgroup Claims (Postcard), 1 Tower View, Kings Hill, West Malling, Kent, ME19 4UY

Cancellation of Trip – Checklist



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

1. Have you checked that your policy covers 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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