



TRAVEL (CANCELLATION OR CURTAILMENT) CLAIM FORM

Claimant's Name: _____

Date Of Birth: _____

Address: _____

_____ Telephone number: _____

Name, address and telephone number of person handling claim, if different from above:

Date of booking: _____

Booked holiday dates: From: _____ To: _____

Name of tour operator or Airline: _____

Holiday Ref. / Booking No.: _____

Date of Cancellation or Curtailment: _____

Reason for Cancellation or Curtailment: _____

State the net Loss (after refunds): _____

Total amount of claim: £ _____

I declare that these particulars are true to the best of my knowledge.

Signature: _____

Date: _____

Please attach Tour Operator's original letter of confirmation of booking, your Airline flight tickets, together with the Tour Operator's acknowledgement of cancellation.

If the claim results from death, please supply a copy of the Death Certificate showing the official cause of death.

P.T.O Medical Certificate requiring completion by GP



Medical Certificate - To Be Completed by your Doctor

PLEASE NOTE: It may be necessary for you to obtain additional medical information from your GP. Any charge for completing this Certificate or obtaining additional medical information does not form part of your claim.

I certify that Mr. /Mrs. /Miss /Ms _____

Is suffering from _____

And as a result have advised him/her to cancel his/her holiday arrangements on

Was the holiday taken against medical advice? _____

When were you first consulted regarding the above illness/injury?

How long has your patient suffered from the above illness/injury?

Date _____

Doctor's Signature and Stamp _____

Address

Postcode _____