



Fogg Travel Insurance Services Limited

Crow Hill Drive, Mansfield, Nottinghamshire, NG19 7AE

telephone 01623 631331

fax 01623 420450

email claims@foggtravelinsurance.com

CANCELLATION/CURTAILMENT CLAIM FORM

IMPORTANT - PLEASE READ THE FOLLOWING CAREFULLY AND ENCLOSE THE DOCUMENTS REQUESTED WITH THIS FORM

Please ensure that you complete any blank sections on this form as failure to do so may delay the processing of your claim. When this form has been fully completed, signed and dated, it should be returned to the address shown above.

In order to avoid any delay in payment of your claim you should ensure that the following documents are enclosed :-

1. Your original Travel Agents premium receipt and/or insurance certificate/policy document as confirmation that you purchased insurance.
2. Your Tour Operators holiday invoice, cancellation invoice any other documentation requested in this form which relates to your claim.

The Insurance industry operates a number of anti-fraud initiatives which include TCEWS, operated by J S Management Ltd., and CUE, operated by Insurance Database Services Ltd. Details on these organisations can be provided on request.

Information given on this form may be stored electronically and shared with these organisations for this purpose. If you would prefer that the information given on this form is not used you should advise us.

THE DECLARATION ON THE REVERSE OF THIS PAGE MUST BE COMPLETED

YOUR TRAVEL CLAIM REFERENCE :

Always quote the above reference when contacting this office

PLEASE SECURELY ATTACH ALL SUPPORTING DOCUMENTATION TO THIS FORM

1. Insured (Full Name)				Mr/Mrs/Miss/Mast/Other
2. Occupation (of Insured)				
3. Full name of claimant (if different from above)				4. Date of Birth
5. Address (full including post code)				
6. Private Tel. No.			7. Business Tel. No.	
8. State the name of the person to whom payment should be made				
9. Name and Address of the Travel Agent/Tour Operator				
10. Is this an Annual Policy?	YES	<input type="checkbox"/>	NO	If YES please state the policy No.
11. Date of Booking				12. Policy issue date
13. Departure date				14. Return date
15. Country of holiday or journey destination				

fogg travel insurance services limited is an independent intermediary and is authorised and regulated by the financial conduct authority no 307304 registered in england 1694269

YOUR TRAVEL CLAIM REFERENCE :

CANCELLATION OR CURTAILMENT

WHERE NECESSARY, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

1. Date upon which cancellation/curtailment became necessary

2. Date advised to Travel Agent/Tour Operator

4. Please show below the Insured Persons who have cancelled. Please also indicate their relationship with the person for whom the medical certificate applies.

Name	Age	Relationship	Why cancellation/curtailment became necessary
a.			
b.			
c.			
d.			
e.			

5. If cancellation/curtailment is due to an injury, please advise exactly how the injury was sustained.

6. If cancellation/curtailment is due to involvement in a Road Traffic Accident, please advise:-

(a) Date of accident:

(b) Description of how accident occurred:

(c) Who, in your opinion, was responsible for the accident?

(d) Name and address of the Third Party:

(e) Details of your vehicle/other insurance:

(i) Insurer

(ii) Policy No.

(iii) Branch address

(f) Details of Third Party insurance

(i) Insurer

(ii) Policy No.

(iii) Branch address

(g) If solicitors have been appointed, please advise by whom and provide their name and address:-

Appointed by:

Name of Solicitors:

Address:

TO AVOID PAYMENT OF YOUR CLAIM BEING DELAYED PLEASE ENSURE THAT ALL DOCUMENTS REQUESTED ARE ENCLOSED AND ALL QUESTIONS HAVE BEEN ANSWERED

DECLARATION

I declare that these particulars are true and correct to the best of my knowledge.
I authorise the Insurers to approach my medical attendant for further information, should this be necessary.

Signature

Date



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YOUR TRAVEL CLAIM REFERENCE:

UNUSED SKI PACK

Does your claim fall under this section? YES/NO

If YES, please complete the questions below.

Date of accident

Country and resort.

DETAILS OF AMOUNT CLAIMED

Description	No. of days pre-paid	Cost	No. of days claimed	Refund
Lift Pass				
Ski School				
Equipment Hire				
Other*please specify beneath				

Details of injury/illness resulting in this claim.

YOU MUST INCLUDE

1. A medical certificate from the attending Doctor confirming the period the claimant was unable to ski.
2. The original lift pass, ski school pass, receipt for hired equipment and any other receipts for the costs claimed.

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DECLARATION

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

I authorise the Insurers to approach my medical attendant for further information, should this be necessary.

Signature

Date

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