

HOLIDAY CANCELLATION CLAIM FORM

Claimant's Full Name: _____

Address: _____

Holiday Establishment Name and Address: _____

Date Booking Made _____ Booking Cancelled _____

Booked Date of Holiday: From _____ To _____

Amount Already Paid to Accommodation Provider £ _____

Amount Owing to Accommodation Provider £ _____
(Please supply supporting accounts)

Reason for claim and relationship to claimant: _____

If you have annual travel insurance e.g. as an extension to your Home Insurances or provided with your Credit Card, please advise us of the name, address and Policy number of your insurers:

If cancelled for medical reasons, please have the Medical Certificate completed. If for any other reason, please supply documentary evidence to support your claim.

DECLARATION

I declare to the best of my knowledge that the above particulars, and any additional information, are true. I authorise that payment, as appropriate, be made directly to the Accommodation Provider and/or myself in respect of the deposit, in full and final settlement of this claim.

Signature of Claimant _____ Date _____

MEDICAL CERTIFICATE

This Certificate to be furnished at the claimant's expense and to be completed by the usual Doctor of the person requiring medical attention. In the event of death, please attach a copy of the Death Certificate.

1. Patient's Name: _____

2. (a) Are you this patient's usual Doctor? YES / NO

(b) If Yes, for how long? _____

3. Describe (a) accidental injuries (b) illness of patient

4. Date medical treatment first sought for this condition: _____

5. History of this condition or any relevant condition with dates of treatment.

If none, please state. _____

6. If you were treating the patient prior to the holiday was the patient fit to travel at the date of booking shown above? YES / NO

Date _____ Signature _____ Qualifications _____

Address: _____

PLEASE RETURN TO: J L Morris (Insurance Brokers) Ltd.
Manor House, 1 Macaulay Road, Broadstone, BH18 8AS