



Curtailement of a Trip

In order to support the process of your Curtailement of a Trip Claim, we have put together a checklist to ensure you include the correct paperwork to support your claim. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim.

Your Checklist of Documents Required

Please Note: We do not require original receipts, passports, EHIC's, death certificates or CD's for the initial claims set up, a top tip is to take a clear photo of your receipts and email them over to us.

Please ensure you keep the originals safe in case we do still require them.

No need to staple your papers either; the full contents of each envelope we receive are immediately scanned onto our computer system, and having to remove staples may damage the papers which could delay your claim!

- All holiday booking documents showing dates of trip and all costs, including travel and accommodation.
- Curtailement Reason – *if due to illness or injury of a relative in the UK this means the medical certificate within the claim form completed by the GP of the person concerned; if due to your own illness this means confirmation from the doctor that advised you to return home.*
- If you are claiming for the complete loss of a specific part of your trip, we would need to see proof of cost and that no refund was possible.
- Any Unused Flight Tickets.

Please consider the environment before printing this checklist. We **do not** require the checklist to be printed and returned

Curtailment of a Trip



Email: claims@tifgroup.co.uk

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

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: | |
|--|--|

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? If yes give details. | | | |
| | | | |

Details of Claim

| | | | |
|---------------------------------------|--|------------------------------|--|
| Reason for Curtailment: | | | |
| | | | |
| Please List 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: | |
| Date Returned Home: | | Total Unused Nights: | |
| Refunds Received: | | Total Amount of Claim: | |

Medical Certificate



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:

| | |
|--|--|
| 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.

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.

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

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: | |
|-----------------|--|-------|--|