

# Notification Claim Form



Claim Notification Reference:

\_\_\_\_\_  
(For Office Use Only)

Your Details:

Name:

\_\_\_\_\_

Type of Claim:

\_\_\_\_\_

Date:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

## Important information / What next?

1. Please complete the attached claim form
2. Any additional notes/comments please attach to the back of this form
3. Please list supporting documentation that will be attached to this claim form:  
(Refer to the Claims Evidence document provided when you purchased your policy).

a)

\_\_\_\_\_

b)

\_\_\_\_\_

c)

\_\_\_\_\_

d)

\_\_\_\_\_

e)

\_\_\_\_\_

f)

\_\_\_\_\_

# Notification Claim Form



4. Please post the completed claim form along with any attachments to:

Davies Managed Systems  
PO Box 2801  
Hanley  
Stoke-On-Trent  
ST1 5DA

**Policy Information:** Policy Number: Purchased from:

Type of Policy:

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Dates covered:

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Additional Cover:

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Medical Conditions:

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Endorsements:

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**Claimant Details:**

Full Name:	Date of Birth:	Job Title:	Nationality:	Place of Birth:

# Notification Claim Form



**Travel Details:**

Date of booking the trip:

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Departure Date:

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Return Date:

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Destination Country:

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Purpose of trip:

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**What are you claiming for?:**

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**Amount:** £

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# Cancellation Claim Form



Please confirm the reason for your cancellation:

Please tick

Death  Illness

Injury

Non Medical

Other

If the cancellation has been caused by a person not travelling and not insured on your policy please state the relationship of that person to you:

If other, please provide details:

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1. Date and time you became aware of the need to cancel your holiday:

\_\_\_/\_\_\_/\_\_\_ : \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ : \_\_\_\_\_

2. Date and time you informed your travel agent or tour operator of the need to cancel your holiday:

3. Details of Holiday cost and cancellation charges:

Package Holiday £ \_\_\_\_\_

Independently Booked

Ticket Costs: £ \_\_\_\_\_

Accommodation costs: £ \_\_\_\_\_

Pre-Booked Excursions: £ \_\_\_\_\_

Other Expenses (car, transfers etc) £ \_\_\_\_\_

Deducted refunds or advised refunds £ \_\_\_\_\_

Total Amount Claimed: £ \_\_\_\_\_

Please confirm how you paid for your holiday, credit or debit card or cash. If paid by credit card please provide a copy of the statement showing the payment made.

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# Cancellation Claim Form



Injury at work( or similar)

Date advised of the incident \_\_\_/\_\_\_/\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_  
Name and address of company Insurer: \_\_\_\_\_

**You will need to provide the ORIGINAL letter or report from your employer confirming the details of the incident.**

6) Do you hold any form of bank account / credit card that offers you complimentary travel insurance that covers the circumstances surrounding your claim?

If YES , please confirm the following:

Card number:

\_\_\_\_\_

Issuing Bank:

\_\_\_\_\_

Card Type:

\_\_\_\_\_

Has a claim to any third party been submitted?

\_\_\_\_\_

If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Cancellation Claim Form



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7) Is there any other relevant policy that may cover the circumstances surrounding your claim? Other policies, Barclaycard, Amex

Yes  No

If YES, please provide details:

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If the claim is in relation to injury please confirm the following:

A. An outline of the circumstances giving rise to the accident

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B. If a third party was involved the name and address of the Third Party and their insurance details if known

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C. In the event that you are pursuing a claim for damages against a Third Party please provide the name and address of any solicitor who may have been appointed and their reference number

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# Cancellation Claim Form



D. If no Third Party was involved please clarify who or what was at fault and why

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If your claim is agreed, please provide your banking details below for payment:

Confirm payee name:

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Bank Name:

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Bank Address:

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Bank SWIFT Code:

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Bank IBAN:

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Account Number:

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Sort Code:

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Account Holder:

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Type of Account (Current, Gold, Platinum etc):

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## DECLARATION

**IMPORTANT- Failure to sign will result in your claim form being returned.**

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not withheld any information within my/our knowledge connected with this claim. I/we agree to provide the insurer with any further information as may be reasonably required. I/we understand that the insurer does not admit liability by issue of this form. **WARNING – the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police with whom we always co-operate.**



# Cancellation Claim Form



## DATA PROTECTION ACT

The insurance industry operates a number of anti-fraud initiatives. The information given on this form may be stored electronically and may be shared with other organisations for this purpose. I/we understand that you may ask for information from other organisations to check the answers I/we have provided.

## IMPORTANT

In the event of a third party being liable, all rights in this matter are subrogated to the travel insurance underwriters or their agents on all settlements of this claim.

Signature:

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Date:

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