MONDIAL UK

ELVIA TRAVEL INSURANCE

Dear Claimant,

Re: Cancellation Insurance Claim

We are sorry that you are unable to travel on your booked trip but are pleased to be able to offer you a claim form online.

Please print out the claim forms and ensure they are fully completed by hand, signed and returned to us by post, together with the following documentation:

1. A print out of your email confirmation for your Insurance. Please note that we are unable to process your claim without this documentation.
2. Tour Operators booking invoice or proof of travel and payment of trip. For internet bookings, this may be a print out of the email confirmation.
3. Tour Operators cancellation invoice. If you are travelling with a 'ticket-less' airline, please provide written confirmation from the airline that the booking has not been used and no refunds issued. For non-package trips, we require written confirmation from the transport/accommodation providers that there is no refund available.
4. Documentation in support of your need to cancel*.

* If cancellation is due to medical reasons, the medical certificate on the reverse of the claim form must be fully completed by the usual GP of the person whose medical condition gives rise to this claim, regardless of whether they were due to be travelling or not. In the event of bereavement, a copy of the death certificate will also be required.

Please note that in order for us to handle your claim as quickly and efficiently as possible, it is necessary that you answer all questions and forward **original** documents. We suggest that you retain copies for your records. **Please ensure you make it clear who you wish any payment to be made out to, if not the claimant.**

The address to return your completed claim forms and supporting documentation to is as follows:

Travel Claims Department
Mondial Assistance (UK) Ltd
Mondial House
102 George Street
Croydon
CR9 1AJ

We look forward to hearing from you.

Yours faithfully,

Travel Claims Department
Mondial Assistance (UK) Ltd

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CLAIM FORM

Claim Reference No:
Please quote at all times.

Please ensure all boxes are completed accurately

Personal Details

Surname:

Forename(s):

Title:

Date of Birth:

Address:

Occupation:

Daytime Tel No:

Postcode:

Evening Tel No:

National Insurance No:

E-mail Address:

Passport No:

Cheque to be made payable to:

Insurance Details

Destination / Country of this Journey:

Date Journey Booked:

Date Insurance Purchased:

Date of Journey:

Date of Return:

Duration: days

No. of People Insured:

Place Insurance Purchased:

Name of Tour Operator (if applicable):

Teleclaims

In an effort to promote more customer friendly claims handling, we may wish to contact you by telephone between 9am and 5pm weekdays. Please confirm you are in agreement to this and provide any alternative telephone number.

Yes No Alternative Telephone Number:

Travel Claims Department
Mondial Assistance (UK) Limited
Mondial House
102 George Street
Croydon CR9 1AJ

Tel: + 44 (0)20 8603 9958
Fax: + 44 (0)20 8603 0285
email: travel_claims@mondial-assistance.co.uk

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MEDICAL CERTIFICATE

This must be completed by the GP of the person whose medical condition gives rise to this claim.
Any fee for completing this certificate is the responsibility of the patient / claimant.

Name of Patient:

Date of Birth: How long have you been the patient's GP?

Please confirm exact diagnosis:

Date first Diagnosed: Date symptoms first began:

Details of any previous medical history relevant to the above condition:

Has the patient been in hospital in the last 12 months prior to booking the journey, if yes, please provide details:

If cancellation due to a pregnancy related condition please describe the condition and why pregnancy necessitates cancellation:

Description:

Date Confirmed: Date of Confinement

At the time the journey was booked was the patient? (if Yes to any of the questions please provide details):

On a waiting list: Yes ☐ No ☐

Taking any medication: Yes ☐ No ☐

Undergoing any tests: Yes ☐ No ☐

Aware of the condition: Yes ☐ No ☐

Given a terminal diagnosis: Yes ☐ No ☐

In your opinion:

a) Was cancellation medically necessary? Yes ☐ No ☐

b) Was the patient's medical condition stable and under control at the time of booking? Yes ☐ No ☐

Name of GP:

Qualifications:

Signature:

Date:

Name & Practice (Group Stamp)

CANCELLATION CLAIM FORM

Please ensure original documents are enclosed as detailed in the enclosed letter

Claim Reference No:

a) Date cancellation became necessary: Date of cancellation:

If there is a difference in dates, please explain:

b) Please advise exact cause of cancellation. If cause of cancellation is not of a medical nature, you need to provide suitable documentation in support of your need to cancel.

c) Amount Claimed

Total journey cost £

Less refunds received £

Less airport departure tax (if applicable) £

Total Amount Claimed £

d) Please list all persons cancelling and their relationship to the claimant.

Name	Relationship	Age

e) Do you have any other type of insurance that may cover this loss? Yes No

Name & Address of Insurer:

Policy / Reference Number:

f) Please give details of any previous claims for cancellation or state 'No':

Name & Address of Insurer:

Policy / Reference Number:

Declaration: Insurers and their agents share information to prevent fraud and for underwriting purposes. It is a criminal offence to make a fraudulent claim. Cases are investigated and any person suspected of fraud is reported to the police with whom we always co-operate in effecting a prosecution. I/We declare that the information contained within this claim form is true and correct to the best of my/our belief. I/We assign to Insurers all rights of recovery/salvage against any person or organisation and will do whatever else is necessary to secure such rights. I/We agree that Insurers may contact our GP for more information if they deem it necessary.

Printed Name: Signature: Date:

Printed Name: Signature: Date:

Printed Name: Signature: Date: