

Dear Claimant,

Re: Cancellation Claim

We are sorry that an incident has occurred during your trip. Please find attached a claim form. Please ensure this is fully completed, signed and returned to us, together with the following supporting documents. We require:

- 1- The Airlines booking invoice or proof of travel and payment of trip.
- 2- Airline 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.
- 3- 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 *family or treating doctor* 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.

If any of the above cannot be provided, please enclose a covering letter explaining the reasons for this.

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 all supporting documents. We suggest that you retain copies for your records.

Please contact us on telephone UAE +971 4270 8705 or email: travel.claims@nextcarehealth.com

We look forward to hearing from you.

Yours faithfully,

Travel Claims Department

Personal Details

Surname: Forename(s):

Title: Date of Birth Address:

Mobile No: Email:

Trip Details

Destination/Country of this Journey:

Date Journey Booked : Date Insurance Purchased:

For Non-Medical Trip Cancellation Claims Please complete the below section:

Date Cancellation became necessary: Date of Cancellation:

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.

Amount Claimed (in local currency or US dollars)

Total Journey Cost	<input type="text"/>	Have you made a claim and received compensation from any other third parties (e.g. airline, hotel) for Trip Cancellation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Less refunds received	<input type="text"/>	
Total Amount Claimed	<input type="text"/>	If so, specify compensation amount received: <input type="text"/>

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 organization and will do whatever else is necessary to secure such rights. I/We agree that Insurers may contact our family or treating doctor for more information if they deem it necessary.

Claimant Name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>
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For Emergency Medical Cancellation the below Medical Form to be completed by treating or family doctor:

This form must be completed by the family or treating doctor 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 family or treating doctor?

Please confirm exact diagnosis:

Date first diagnosed: Date symptoms first began:

Details of any previous medical history relevant to the above condition including the date of diagnosis

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

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

Undergoing Test: Yes No

Given a terminal diagnosis: Yes No

Taking any medication: Yes No

Aware of the condition: Yes No

In your opinion:

a) Was cancellation medically necessary? Yes No

b) When did cancellation become medically necessary? Date

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

Name of Family or treating doctor: Contact Number:

Signature : Date :