

CANCELLATION & CURTAILMENT CLAIM FORM

Please complete all relevant sections of this Claim Form and return to:

**P J Hayman Claims Department, Stansted House,
Rowlands Castle, Hampshire PO9 6DX
Email: claims@pjhayman.com**



PJHayman

Claim Number: (for office use only)

If you require a large print version, please call **02392 419 020**

Please use **BLOCK CAPITALS** when filling in your form. If there is insufficient space for your answers please use the additional information box on page 3.

Check List of Required Documents

Please send the following to support your claim.

If you do not enclose all the documents we have listed, any settlement of your claim will be delayed.

Tick against documentation enclosed.

Insurance Schedule

Copy of the claim submitted to the **Main Travel Insurance Policy** provider (including the original booking confirmation, medical declaration [if applicable], cancellation invoice and main policy cover)

Copy of the claim settlement letter from the **Main Travel Insurance Policy** provider.

Please Note - scan & photocopies are acceptable, however, we do always encourage you to retain the original documentation in case we require particular documents to be sent in for inspection or retention. Examples where this would be required are high value claims (for prevention of fraud) where we are required to retain originals for a certain period of time.

Claimant/Contact Details:

Claimant Name: Claimant Age:

Name of Person handling the claim: (if different to above)

Address for Correspondence:

Postcode: Tel No:

Email Address:

Trip Details:

Outward Journey Date: Return Journey Date:

Country: Destination:

Insurance Policy Details:

Travel Insurance Policy Number: Date Insurance Purchased:

Other Insurance Policy Details:

Yes No

Do you hold any other insurance policy that may cover your claim?
(including a bank account or credit card)

If yes, please give details

Names of people claiming under this insurance:

1.	<input type="text"/>	2.	<input type="text"/>	3.	<input type="text"/>
4.	<input type="text"/>	5.	<input type="text"/>	6.	<input type="text"/>

Details of amounts paid for the trip:

Total Holiday Cost

£ Date Paid

Cancellation/Curtailment Charges

£ Date Paid

Amount paid by the Main Travel Insurance Policy

£ Date Paid

Total amount claimed

£

Cancellation or Curtailment reasons:

Description of the cause of cancellation/curtailment:

Date you cancelled/curtailed your holiday/trip:

Settlement Method - Claims are paid by Cheque or Bank Transfer

Where a majority of our insurers will use Bank Transfer, please complete the below to prevent us asking for this at a later date:

Bank Name/Address

Sort Code

Name on Account

Account Number

Declaration

I declare that to the best of my knowledge and belief all information provided is correct. I understand that some of the information I have provided will be available to other insurers for claims handling purposes. I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the giving of such information. I agree that I will supply all requested, necessary documents in support of my claim at my expense.

Signature:

Date:

Additional Information:
