

**Cancellation / Curtailment Claim Form**

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PLEASE USE BLOCK CAPITAL LETTERS USING BLACK INK

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| Name of Policyholder: UNIVERSITY OF LEEDS | Policy No: 100003814GPA |
| Full Name of Claimant (including title): | |
| Address: | |
| Email address: | |
| Full Name of any other Person(s) covered by this Policy: | |
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| **Travel Details** | |
| Please give reason for cancellation/curtailment of the journey  Please state the **scheduled** times of travel:  Outward Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Journey Booked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Cancellation/Curtailment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLEASE PROVIDE A COPY OF YOUR ORIGINAL ITINERARY/TRAVEL DOCUMENTS AND EVIDENCE OF AMOUNTS PAID  If the cancellation/curtailment was due to illness or injury, please state:   1. The name and age of the sick person 2. The exact nature of illness/injury and the commencement date 3. Has the person concerned previously suffered the same or a similar complaint YES/NO   If YES, please give the relevant dates  If the journey was cancelled please give details of the expenditure incurred  Total Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount Refunded \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Claimed \_\_\_\_\_\_\_\_\_\_\_\_  PLEASE OBTAIN EVIDENCE OF ANY REFUND OF PRE-PAID TRAVEL AND ACCOMMODATION COSTS  If the journey was curtailed please list below any additional travel and accommodation costs incurred  PLEASE ATTACH RECEIPTS FOR THESE ADDITIONAL COSTS | |
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| **IF CANCELLATION WAS DUE TO ILLNESS**  PLEASE PROVIDE MEDICAL EVIDENCE FROM THE ATTENDING DOCTOR OR PLEASE ASK THE ATTENDING DOCTOR TO COMPLETE THE FOLLOWING:-  Nature of complaint preventing travel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date treatment sought \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was cancellation of the journey medically necessary? YES/NO  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Validation Stamp | |
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| **PAYEE’S BANK DETAILS** – When the claim has been approved, the settlement payment will be credited to your bank account\*. This payment method is both speedier and safer than by cheque. **PLEASE COMPLETE THE FOLLOWING**  \*If you require this money to be credited to your University account, please enter the University’s bank details (Barclays Bank, 69 Albion Street, Leeds LS1 5AA, Sort code: 20-48-46, Account No: 20821845, Account name: University of Leeds) |
| Name of your Bank/Building Society \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Sort Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number: Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If money to be credited to University departmental account, please provide account code:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Disclaimer** - To be signed by the person giving rise to the claim  Country of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date of Incident:  National Insurance Number:  Your Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full name of the person who completed this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Date of Birth: |
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Please email this claim form to [avivatravelclaims@cegagroup.com](mailto:avivatravelclaims@cegagroup.com) together with your **planned travel itinerary, evidence of pre-paid expenses and evidence of any refunds.**