

**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 journeyPlease 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 PAIDIf 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 datesIf the journey was cancelled please give details of the expenditure incurredTotal Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount Refunded \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Claimed \_\_\_\_\_\_\_\_\_\_\_\_PLEASE OBTAIN EVIDENCE OF ANY REFUND OF PRE-PAID TRAVEL AND ACCOMMODATION COSTSIf the journey was curtailed please list below any additional travel and accommodation costs incurredPLEASE 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/NOSigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 together with your **planned travel itinerary, evidence of pre-paid expenses and evidence of any refunds.**