

# Travel Insurance claim

Linkham Services  
Unit/Office 36, 88-90 Hatton Garden  
London, EC1N 8PN

Claim Ref:

Please answer all the questions contained in this claim form, leaving items blank, using ticks, dashes and N/A may make it necessary for us to return your claim forms or lead to us asking unnecessary questions thus delaying the processing of your claim.

NOTICE: WE WILL NEED YOUR INTERNATIONAL BANK ACCOUNT DETAILS (IBAN AND SWIFT CODES INCLUDED) AS ANY REIMBURSEMENT WILL BE PAID BY INTERNATIONAL BANKING TRANSFER.

## Personal details - Required for all claims

Claimant Details	Mr/Mrs/Miss/Ms	<input type="text"/>	Home Address	<input type="text"/>		
	Surname	<input type="text"/>		<input type="text"/>		
	Forenames	<input type="text"/>		<input type="text"/>		
	Date of birth	<input type="text"/>	Postcode	<input type="text"/>		
	National Ins No.	<input type="text"/>	Tél. personnel	<input type="text"/>	Work tel.	<input type="text"/>
	Nationality	<input type="text"/>	E-mail	<input type="text"/>		
	IBAN	<input type="text"/>				
	SWIFT (BIC)	<input type="text"/>				
	Account Holder	<input type="text"/>				

Policy and travel details		Type and amount of claim	
		Policy Benefit	£'s / €'s Claimed
Policy number	<input type="text"/>	Medical Expenses abroad	<input type="text"/>
Date issued	<input type="text"/>	Hospital Expenses	<input type="text"/>
Departure date	<input type="text"/>	Convalescence Benefit	<input type="text"/>
Return Date	<input type="text"/>	Cancellation	<input type="text"/>
No. In party	<input type="text"/>	Baggage Delay	<input type="text"/>
Destination(s)	<input type="text"/>	Loss/Damage/Theft of baggage	<input type="text"/>
		Legal Expenses	<input type="text"/>

**Important Note: Some of the benefits detailed may not be available upon the policy you hold.**

It is against the law to submit a fraudulent insurance claim. If your claim is found to be fraudulent your claim will be declined and the authorities informed.

1. I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would effect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Linkham Services nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.

2. I/We understand that the information on this form will be passed to or used by Linkham Services for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.

3. I/We give my/our authority to Linkham Services to contact my household insurers or medical insurers or other travel insurers regarding a contribution.

## I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimants Name	Claimants Signature	D.O.B.	Dated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Cancellation - page 1

Linkham Services  
Unit/Office 36, 88-90 Hatton Garden  
London, EC1N 8PN

Claim Ref:

## Reason for cancellation - Please tick ONE box only

Non medical  Illness  Injury  Death

## Documents you need to send us - SEND ORIGINAL DOCUMENTS BUT PLEASE KEEP COPIES FOR YOUR RECORDS

1. Insurance policy and flight booking invoices.
2. If cancellation is due to redundancy we require a letter from your former employer which confirms that you have been made redundant and are due to receive a payment under current Redundancy Payment Legislation, the position you held and your length of service.
3. If cancellation is on medical grounds, including death, the attached medical certificate must be completed by the usual medical practitioner of the individual whose condition has led to the submission of the claim.
4. If cancellation is due to a death we require a certified copy of the death certificate. In addition if the deceased was insured under the Certificate of Insurance upon which this claim has been submitted we require a copy of the Grant of Probate issued in respect of the deceased's estate.
5. If this claim is being submitted as a result of an injury please provide a full description of the incident leading to the injury. If a third party was involved please provide their details and those of their insurer if available.
6. If cancellation is for a reason other than those detailed in points 3, 4 and 5, please forward independent written evidence of the incident or circumstances that have resulted in the submission of a claim.

Please provide a written explanation as to why if you are unable to supply any of the documentation requested.

## Please answer ALL questions below - BLOCK CAPITALS PLEASE

1. Date and time you became aware of the need to cancel your holiday:  /  /

2. If cancellation was due to a person not booked to travel please state their name and relationship to you.  
Name  Relationship

3. Total amount claimed

4. Names and D.O.B. of all those cancelling.

Name	DOB

5. Please detail the reasons for cancellation below (continue on a separate sheet if necessary)




Claim Ref:

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**7. Other Insurance**

a. Are the expenses you claim insured by any other policy you have e.g. Annual/Credit Card Policy? N.B. : A contribution payment is normal practice where 2 policies cover the same loss.

YES  NO

b. If yes, please supply the following details :

Company Name	
Company Address	
Policy No	

**8. Previous claims**

a. Have you made any previous travel insurance claims?

YES  NO

b. If yes, please give details :


**9. Health conditions**

At the date of arranging your trip were you, any close relative, any member of your party or anyone on whom your trip depended:

a. Aware of any medical condition(s) or set of circumstances that could reasonably be expected to give rise to a claim?

YES  NO

b. Did you, any close relative, or any other person upon whom your travel plans depended (including non family companions) have :

i) an ongoing medical condition (or any medical complication directly attributable to that condition) investigated by a registered medical practitioner within the last 12 months?

YES  NO

ii) a medical condition for which there had been prescribed medication or treatment other than a minor ailment by a registered medical practitioner during 90 days immediately preceding the period of insurance?

YES  NO

iii) hospitalised within the last 12 months or on a waiting list for an operation, consultation or investigation?

YES  NO

iv) expected to give birth before or within 8 weeks of the date of arrival home?

YES  NO

v) been travelling against the advice of a medical practitioner, or travelling for the purpose of obtaining medical treatment?

YES  NO

vi) been given a terminal prognosis ?

YES  NO

Did you obtain a letter concerning any of the above from your doctor? If yes, please forward a copy of the letter.

YES  NO

If you answered yes to any of the above please give further details of the condition or circumstance:


