

Cancellation Claim form



How to make a claim

Before submitting your claim, please check your policy to make sure the cover applies to your situation.

Please fill out this form with as much detail as you can. Missing or incomplete information may delay the processing of your claim.

Once completed, you can either:

Email it to us at claims@ergo-ias.co.uk - you can fill it out digitally or scan a printed copy;

or

Post it to:

ERGO Travel Insurance Ltd
PO Box 982
LEEDS
LS1 9XL



Code for
Office Use

What to include with your claim

To help us process your claim as quickly as possible, please send us the following:

1. **Booking confirmation** - from your service provider or tour operator showing travel dates, destination, trip cost, and names of all travellers.
2. **Cancellation confirmation** - a document from your travel provider confirming the cancellation and clearly showing the non-refundable costs.

Note: Air Passenger Duty (APD) should be claimed directly from the airline.

3. **Evidence to support the reason for your cancellation.** Depending on your situation, this may include:

Medical

- Medical certificate included in this form should be completed by the treating doctor. We can also accept other evidence such as hospital discharge summaries or GP letters.
- If the cancellation was due to the illness or injury of someone **not insured under this policy**, we still require medical confirmation from their treating doctor.

Death

- A copy of the Death Certificate. We may also request a medical certificate after reviewing your claim.

Redundancy

- A letter from your former employer confirming the date you were notified of redundancy. Voluntary redundancy is not covered under this policy.

Court attendance

- A copy of the court subpoena.

Emergency services or armed forces leave cancellation

- A dated letter from your employer confirming your leave was cancelled.

Serious damage to your home

- Documentation from your home insurer or a police report.

Important

To help us process your claim, you'll need to provide documents that support your claim. This may include details of any other insurance you hold.

If the required documents aren't provided, your claim could be delayed and, in some cases, we may not be able to pay it.

The documents listed are common examples, but depending on your situation, we might need additional information.

Additional support - This is an optional section

Is there anything we can do to support you with your claim or how we communicate with you?

Yes ☐

If you have ticked 'Yes', using the box below please tell us what kind of support would help - for example, extra time to respond, help understanding information, or a preferred way to communicate.

About you and your policy

Policyholder details

Please provide the details of the policyholder - the person named on the insurance policy.

Title	Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other ☐	
First name			Surname			
Date of birth	DD/MM/YYYY					
Address						
Post code						
Phone number						
Email address						

Your details (only if you're not the main policyholder)

If you're filling out this form on behalf of someone else, please provide your details below so we know who to contact if we have any questions.

Title	Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other ☐	
First name			Surname			
Date of birth	DD/MM/YYYY					
Address						
Post code						
Phone number						
Email address						

Your policy & trip details

Who did you buy your policy from?			
Policy number		Date policy was purchased	DD/MM/YYYY
Date your trip was booked	DD/MM/YYYY	Destination	
Scheduled start date of your trip	DD/MM/YYYY	Scheduled end date of your trip	DD/MM/YYYY

About your claim

Claim details

Reason for
cancellation

Names of all travellers
who are cancelling

Please note, you must first request a refund from your travel provider, tour operator or airline before submitting a cancellation claim.

Date travel agent or
tour operator advised
of trip cancellation

DD/MM/YYYY

If the cancellation was due to someone who wasn't booked to travel, please tell us their:

Full name

Relationship to you

About your claim (continued)

Cancellation costs and refunds

Do you have any other means of recovering costs, such as credit card purchase protection or ATOL protection?
If yes, please provide details, listing all the costs you were charged and any refunds you received from your travel providers.

Type of charge	Provider	Amount paid (£)	Refund received (£)

Total amount claimed: £

Details of other insurance

Sometimes other insurance policies may also include travel cover. If they do, we may contact those insurers to contribute towards your claim. This is a normal part of the insurance process.

If you have a bank account that includes travel insurance cover, we may use those details only to approach the bank's travel insurance provider for a contribution. Your bank account itself will never be affected in any way.

Please complete this section in full - it helps us process your claim as smoothly and quickly as possible.

Bank account

1. Do you have a bank account that includes travel insurance cover?

No ☐ Yes ☐

If 'Yes' please add the bank account details below.

Name of bank (e.g. HSBC) Type of account (e.g. Gold, Premier, Flex)

Account holder name

Was anyone at fault?

2. Do you believe anyone or anything was responsible for the incident?

No ☐ Yes ☐

If 'Yes' please provide details below.

Medical

Access to medical reports (1988)

Sometimes we may need to ask your doctor for a medical report to help us assess your claim. By signing the declaration on this form, you give us permission to do this.

You don't have to give your consent, but if you do, you have rights under the Access to Medical Reports Act 1988:

- You can choose whether you'd like to see the report before it's sent to us.
- If you ask to see it, we'll let your doctor know, and you'll have 21 days to arrange this directly with them.
- Even if you don't ask to see it beforehand, you can still request a copy from your doctor for up to six months after it's written. Your doctor may charge a fee for this, and we're not able to reimburse that cost.
- If you see the report before it's sent, your doctor will need your written consent before sharing it with us. You can also ask for corrections if you believe something is wrong or misleading. If your doctor disagrees, you can add your own statement to be attached to the report.
- In rare cases, your doctor may withhold part (or all) of the report if showing it to you could cause serious harm to your health or someone else's, or if it would reveal information about another person without their consent. If this happens, your doctor will explain what you can and cannot see.

Medical certificate

This section only needs to be completed if your trip was cancelled due to illness, injury, or death.

It must be filled in by the patient's usual doctor (medical practitioner).

If the cancellation was due to the illness or death of someone not named on your policy, this section should be completed by their treating doctor.

If they were insured by a different company and already had a medical certificate completed, please send us a copy of that certificate instead.

- If more space is needed, please continue on a separate sheet.
- The information provided will be treated as private and confidential.
- The cost of completing this form is the responsibility of the claimant.
- If a Medical Self-Declaration has been completed, please provide it with your claim.

MEDICAL CERTIFICATE SECTION - PAGES 5, 6 & 7 TO BE COMPLETED BY A MEDICAL PRACTITIONER	
Patient Information	
1. Full name	
2. Age and Date of Birth	
Diagnosis and cancellation information	
3. Diagnosis / Cause of Illness, Injury, or Death that led to cancellation.	

4. Was the cancellation medically necessary?		Yes ☐	No ☐
5. When were you first consulted about above?		DD/MM/YYYY	
6. At the time of your first consultation, were you aware the patient had a planned trip?		Yes ☐	No ☐
7. Has the patient received a terminal prognosis?		Yes ☐	No ☐
8. Does the patient have any chronic or serious conditions?		Yes ☐	No ☐
9. Pregnancy (if applicable)	a. Estimated due date.	DD/MM/YYYY	
	b. Date pregnancy was confirmed.	DD/MM/YYYY	
	c. Details of illness/injury related to pregnancy that led to recommendation not to travel.		
10. Was the cancellation solely due to the condition previously described in 3.		Yes ☐	No ☐
11. Date cancellation could reasonably have been anticipated.		DD/MM/YYYY	
12. Date you advised cancellation of travel.		DD/MM/YYYY	
13. Estimated date patient may be fit for overseas travel.		DD/MM/YYYY	
Medical history (last 2 years)			
14. In-patient treatment (if applicable)	a. Date(s) of hospital admissions	1st DD/MM/YYYY	2nd DD/MM/YYYY
	b. Treatment or procedure received.		
	c. Date(s) of discharge.	1st DD/MM/YYYY	2nd DD/MM/YYYY
15. Out-patient treatment or investigations (if applicable):	a. Date(s) of consultation or investigation.	1st DD/MM/YYYY	2nd DD/MM/YYYY
	b. Nature of investigation or procedure.		
	c. Outcome or findings (if known).		

16. Waiting list information (if applicable)	a. Date placed on waiting list.	DD/MM/YYYY	
	b. Type of treatment or investigation awaited.		
	c. Expected date of consultation/treatment/procedure (if known).	DD/MM/YYYY	
17. Has there been any change in medication or dosage that worsened the condition which led to the trip being cancelled?		Yes ☐	No ☐
18. Has the patient suffered from this condition, or a similar one in the past?		Yes ☐	No ☐
If yes, in your opinion, is the current illness in any way related to that previous condition?		Yes ☐	No ☐
If 'Yes' please provide the details.			
Comments			
19. Additional comments (including reason for not travelling, if applicable).			
Doctor's declaration			
I confirm that I have examined the patient named above and/or reviewed their medical records. To the best of my knowledge, the information provided in this form is accurate, complete, and includes all relevant details.		Practice stamp:	
Doctor's name:		Signature:	
Date		DD/MM/YYYY	

Settlement by bank transfer (BACS)

We'll pay any claim settlement directly into your bank account. This is the fastest and most secure way to receive your payment.

Please complete all the details below in full, and remember to sign and date the form.

Once your payment has been made, we'll send you an email confirmation.

If your bank account includes travel insurance cover, we may contact your bank to recover funds directly from them. This will not affect you or your claim payment in any way.

Your details

Name of claimant

Email address
(where we'll send confirmation of payment)

Name of payee
(must match the name on the bank account)

Bank name
(e.g. HSBC)

Type of account
(e.g. Gold, Premier, Flex)

Account number

Sort code

If your bank account is outside the UK, please also provide:

Country

IBAN/BIC number

SWIFT code

Confirmation of bank details

Signature

Date

DD/MM/YYYY

Important: Please double-check all details before submitting your claim.

We can't accept responsibility for delays or errors caused by incorrect bank information.

Claimant's declaration and signature

By signing below, I confirm that:

- The information I've given in this claim is true and accurate to the best of my knowledge.
- I haven't left out anything important that could effect how my claim is assessed.
- If I'm claiming on behalf of someone else, I have their permission to do so and they understand that ERGO Travel Insurance Services Ltd (ERGO TIS) is not responsible for how any payments are shared between us.
- I give permission for any doctor or medical authority mentioned in this claim to share relevant information from my medical records with ERGO TIS, in line with the Access to Medical Reports Act 1988 (or similar legislation).
- I understand that making a fraudulent claim is a criminal offence, would invalidate my policy, and could lead to prosecution.
- I consent to ERGO TIS:
 - recording, storing, and using my personal data as part of this claim; and
 - sharing this information with other insurers and relevant organisations to help prevent fraud, in line with data protection laws (UK GDPR).

I have read and understood this declaration and have included the documents needed to support my claim.

Claimant's full name

Signature Date

If you're completing this form for the policyholder, do you have their permission to manage the claim?

Yes ☐ No ☐

Your full name

Signature Date

If you are authorising someone else to act on your behalf

I / We authorise to act on my/our behalf in this matter.

Signature Date

How we use your personal data

Privacy notice

For full details on how we use and protect your personal data, please see our privacy statement at [Privacy Statement – ERGO Travel Insurance](#).

Who we are

ERGO Travel Insurance Services Ltd (ERGO TIS) is responsible for how your personal data is used in connection with your insurance policy and claim.

Although your policy may have been arranged through one of our partner brands and your claim may be handled by an authorised claims handler on our behalf, ERGO TIS remains the data controller for your personal data.

How we use your data

We use your personal data to manage and settle your claim, administer your policy, and meet our legal and regulatory obligations.

Purposes and legal basis

We process your personal data on the following lawful bases:

- Contractual necessity – to provide insurance services and handle claims.
- Legal obligations – to comply with laws and regulations.
- Legitimate interests – to manage claims efficiently and improve our service.
- Consent – where we rely on your explicit consent for specific processing activities.

For health or other special category data, ERGO TIS relies on the Insurance condition under the Data Protection Act 2018, Schedule 1, Part 2, paragraph 20, allowing processing for insurance purposes in the substantial public interest.

Who we share the data with

We may share your data with trusted partners such as claims handlers, service providers, and regulators as needed to manage your policy and claims.

For details of our processors and safeguards, please see our full Privacy Statement at [Privacy Statement – ERGO Travel Insurance](#).

Your rights

You have rights regarding your personal data, including access, correction, deletion, and objection.

How can you complain?

If you have concerns about how we have used your personal information and wish to make a data protection complaint, please contact us in the first instance using the details below. We will acknowledge your complaint within 30 days and aim to provide a full response as soon as possible.

ERGO TIS Data Protection Officer
Email: dataprotectionofficer@ergo-travel.co.uk

If you remain dissatisfied with our response, you have the right to escalate your complaint to the Information Commissioner's Office (ICO):

Website: <https://www.ico.org.uk>
Helpline: 0303 123 1113
Post: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.