Cutting your trip short and loss of holiday
Claim form

ERGO Travel Insurance

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. **Receipts or bank statements for additional costs** - showing the cost of any extra travel expenses, hotel bookings, flight bookings, car parks, etc. Include travel tickets if you had to book new travel to return home.
3. **Evidence to support the reason for cutting your trip short.** Depending on your situation, this may include:

Medical

- Medical certification included in this form should be completed by your usual GP. We can also accept other evidence such as a medical report or discharge summary from the hospital or treating doctor abroad. If a medical report was sent to our Emergency Assistance Company, we can obtain it from them.
- If the reason for cutting your trip short relates to 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

- Letter from your former employer confirming the date you were notified of redundancy.

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 cutting your trip short

Names of all travellers who cut short their trip

If you cut your trip short due to someone who wasn't booked to travel, please state:

Full name

Relationship

Date your trip was cut short DD/MM/YYYY

Number of unused nights of your trip

Did you contact our Emergency Assistance Company? No Yes

If yes, please provide the reference number

If no, please explain why you didn't contact them

What you're claiming for

Type of expense	Provider	Currency	Cost	Refund recieved (£)

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 benefits? 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 _____

Private medical insurance

2. Do you hold any private medical insurance? No ☐ Yes ☐
   If 'Yes' please add the insurer details below.

Name of insurer _____

Policyholder name _____ Policy number _____

Was anyone at fault?

3. 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 cut short due to illness, injury, or death.

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

If the reason for cutting your trip short relates 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 7, 8 & 9 TO BE COMPLETED BY A MEDICAL PRACTITIONER	
Patient Information	
1. Full name	
2. Age and Date of Birth	
Diagnosis and other information	
3. Diagnosis / Cause of Illness, Injury, or Death that led to cutting the trip short.	

4. Was cutting the trip short medically necessary?			Yes ☐	No ☐
5. Has the patient received a terminal prognosis?			Yes ☐	No ☐
6. Does the patient have any chronic or serious conditions?			Yes ☐	No ☐
7. 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 to cut the trip short.			
8. Was the trip cut short solely due to the condition previously described above.			Yes ☐	No ☐

Medical History (last 2 years)

9. 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
10. 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).				

11. 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

12. Has there been any change in medication or dosage that worsened the condition which led to the trip being cut short?	Yes ☐	No ☐
13. In your opinion, did the current illness result from a previous condition?	Yes ☐	No ☐

If 'Yes' please provide the details

Comments

14. Additional comments

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 affect 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 DD/MM/YYYY

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 DD/MM/YYYY

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 DD/MM/YYYY

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.