



Atlas Insurance PCC Limited in respect of its Travelodge Cell Travelodge Room Cancellation Insurance Claim Form & Guidance Notes

Please read the Guidance Notes, answer all the questions contained in this claim form fully and return it together with the other supporting documentation detailed in the Guidance Notes to:

Travelodge Claims, Intasure, AMP House, Dingwall Road, Croydon, CR0 2LX
Help-Line: 0330 134 0175 Email:Travelodge_Insurance@intasure.com
Intasure are open Monday to Friday between 9am and 5pm.

Personal Details - Required for all claims

Claimant Details

Title	<input type="text"/>	Home Address	<input type="text"/>	
Surname	<input type="text"/>			
Forenames	<input type="text"/>			
Date of Birth	<input type="text"/>	Postcode	<input type="text"/>	
Nationality	<input type="text"/>	Home and Work Tel	<input type="text"/>	<input type="text"/>
		Email Address	<input type="text"/>	

Policy and Travel Details

Policy Number	<input type="text"/>
Date issued	<input type="text"/>
Please provide details of type of any health problem here	<input type="text"/>
Date of Hotel Room Booking	<input type="text"/>
Depart Date	<input type="text"/>
Return Date	<input type="text"/>
No. in Party	<input type="text"/>
Location of Hotel	<input type="text"/>

Type and Amount of Claim

Policy Benefit	Amount Claimed £
Cancellation	<input type="text"/>
Abandonment	<input type="text"/>
Breakdown	<input type="text"/>
Total Amount Claimed	<input type="text"/>

Section A – Reason for Room Cancellation – Please tick 2 boxes

	1		2
Death	<input type="checkbox"/>	Insured Person	<input type="checkbox"/>
Serious Illness	<input type="checkbox"/>	Relative /Close Business Associate	<input type="checkbox"/>
Injury	<input type="checkbox"/>	Person Travelling With	<input type="checkbox"/>
Redundancy	<input type="checkbox"/>		
Call for jury service	<input type="checkbox"/>		
Police or Authority Requirement	<input type="checkbox"/>		
Armed Forces Requirement	<input type="checkbox"/>		
Emergency Services Requirement	<input type="checkbox"/>		
Unusable Vehicle due to Accident	<input type="checkbox"/>		
Journey Accident or Breakdown	<input type="checkbox"/>		
Epidemic Travel Restriction	<input type="checkbox"/>		

Please Answer ALL Questions Below – BLOCK CAPITALS PLEASE

1. Date and time you became aware of the need to cancel your Travelodge Room Booking

2. Date and time you informed Travelodge of the need to cancel your room booking

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

4. Details of Room cost and cancellation charges and prepaid breakfast, dinner, early check in and late check out expenses

Room charges

Prepaid costs

Total Claimed

5. Names and dates of birth of those cancelling

Name	Date of Birth
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

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

Section B – Reason for Abandonment – Departure delay of more than 6 hours

Please tick two boxes

	1		2
Aircraft	<input type="checkbox"/>	Poor Weather	<input type="checkbox"/>
Sea vessel	<input type="checkbox"/>	Strike	<input type="checkbox"/>
Coach	<input type="checkbox"/>	Industrial Action	<input type="checkbox"/>
Train	<input type="checkbox"/>	Mechanical breakdown	<input type="checkbox"/>

Section C – Breakdown

Reason for not being able to reach the Travelodge Hotel you have booked after your journey had started
Please tick one box

- Accident involving your vehicle
Mechanical breakdown of your vehicle

Other Insurance

1. Are you insured under any other policy for the amounts being claimed? Yes No

2. If yes, please supply the following details:

Company Name		Policy No.	
Address			

Previous Claims

1. Have you made any previous claims on this type of insurance? Yes No

2. If yes, please give details:

Health Conditions

At the date of booking your Travelodge Room, were you or any member of your party aware of any condition or set of circumstances that could reasonably be expected to give rise to a claim?

Yes No

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

It is against the law to submit a fraudulent insurance claim. If your claim is found to be fraudulent it will be declined and you may be prosecuted

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' judgement 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 Atlas Insurance PCC Limited Travelodge Cell will not 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 held by, passed to or used by Atlas Insurance PCC Limited Travelodge Cell 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 Atlas Insurance PCC Limited Travelodge Cell to contact my household insurers or medical insurers or other travel insurers regarding a contribution.

I _____ have read and fully understand the declaration above

Date

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Claimant's Name _____

Signature _____



Atlas Insurance PCC Limited is a cell company authorised by the Malta Financial Services Authority to carry on general insurance business.

ATLAS INSURANCE PCC LIMITED IN RESPECT OF ITS TRAVELDGE CELL
Registered Office: 48-50 Ta' Xbiex Sea Front, Ta' Xbiex XBX 1021, Malta
Company Registration No: C5601

Travelodge Room Cancellation Insurance Guidance Notes

Documents you need to send us together with this Claim Form:

1. Booking confirmation email
2. Travelodge booking invoice showing the room charges and breakfast, dinner, early check in and late check out costs paid.
3. The additional documentation detailed in the sections below.

Section A – Room cancellation

What you are covered for

We will pay up to £500 per room for the room only expenses and pre-paid breakfast, dinner, pet charges, early check in and late check out costs which you have paid to Travelodge and which you cannot get back if cancellation of your trip is necessary and unavoidable as a result of:

1. You, a relative, close business associate or a person with whom you are booked to travel dying becoming ill or injured.
2. You being made redundant, as long as you are entitled to payment under the current redundancy laws and that, at the time of booking, you were unaware that you might be made redundant.
3. You or a person you have booked to travel with being called for jury service (and your request to postpone has been rejected) or attending court as a non-expert witness.
4. If the police or relevant authority need you to stay at home after a fire, flood, burglary or vandalism to your home or place of business within 7 days before your planned departure.
5. If you are a member of the armed forces or emergency services and you are prevented from travelling due to an unforeseen emergency or you are posted overseas unexpectedly.
6. The vehicle in which you are travelling during your journey is involved in an accident or breakdown (mechanically and not running out of fuel, oil or water) and you cannot reach your Travelodge.
7. If you are prevented from travelling by government restriction due to an epidemic.

What you are not covered for

1. You not wanting to travel.
2. Costs which have been paid for on behalf of a person who has not taken out Travelodge Room Cancellation Insurance cover.

Claims evidence required for section A

- Travelodge cancellation invoice or letter confirming no refund is due
- A death certificate, or
- A medical certificate which we will supply for the appropriate doctor to complete (we will reimburse an amount of up to £25 charged by your doctor for this service if you are able to provide an official receipt for the amount charged and paid)
- An official letter confirming: redundancy, emergency posting overseas, the need for you to remain at home, or the breakdown/accident of your vehicle en route
- Summons for jury service.

Section B - Abandoning your trip

What you are covered for

We will pay up to £500 per room for the room only expenses and pre paid breakfast, dinner, early check in and late check out costs which you have paid to Travelodge and which you cannot get back if it is necessary and unavoidable for you to cancel your trip if your departure by public transport by aircraft, sea vessel, coach or train is delayed more than six hours due to poor weather conditions, a strike, industrial action or mechanical breakdown.

What you are not covered for

1. Any claims where you have not checked in for your trip at the departure point at or before the recommended time
2. Any claims where you have not obtained written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted
3. You are travelling by private car except in the event of breakdown as described in Section C – Breakdown.

Claims evidence required for section B

- An official letter confirming the cause and length of the delay
- Confirmation from Travelodge that your pre paid costs cannot be refunded

Section C – Breakdown

What you are covered for

We will pay a benefit of £75 if you cannot reach the Travelodge you have booked to stay in because the vehicle in which you are travelling is directly involved in an accident or suffers a mechanical breakdown (this would not include your vehicle running out of fuel, oil or water).

What you are not covered for

1. Any claims where you have not allowed enough time to reach the Travelodge at or before the recommended time.
2. Any claims if you are unable to provide evidence that any recovery or repair to your vehicle was made by a recognized breakdown organisation or an established VAT registered garage
3. Any claims if you are already a member of a breakdown organisation.

Claims evidence required for section C

- An official letter from a recognised breakdown organisation/established VAT registered garage confirming the incident

Customer service

Every effort is made to ensure you receive a high standard of service. If you are not satisfied with the service you have received, please contact:

In relation to the manner in which this policy was sold to you:

The Travelodge Insurance Customer Services Manager
Travelodge Hotels Limited, Sleepy Hollow, Thame, Oxfordshire OX9 3AT
E-mail: customer.insurance@travelodge.co.uk

To help us deal with your comments quickly, please quote your confirmation email number and the policyholder/insured person's name.

We will do our best to resolve any difficulty directly with you, but if we are unable to do this to your satisfaction you are entitled to refer any dispute to the Financial Ombudsman Service who will review your case. The address is:

The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR

In relation to claims or the Terms and Conditions of this Policy:

For Claims:

1. The Managing Director, Intasure, AMP House, Dingwall Road, Croydon, CR0 2LX
Email: Travelodge_Insurance@intasure.com

Should you remain dissatisfied or your complaint relates to the Terms and Conditions of this Policy, you should refer the matter to:

2. The Customer Care Manager
Atlas Insurance PCC Limited Travelodge Cell, 48-50 Ta' Xbiex Seafront, Ta' Xbiex, XBX 1021, Malta
E-mail: travelodge@atlas.com.mt

To help us deal with your comments quickly, please quote your confirmation email number and the policyholder/insured person's name.

We will do our best to resolve any difficulty directly with you, but if we are unable to do this to your satisfaction you are entitled to refer any dispute to the Malta Financial Services Authority who will review your case. The address is:

3. The Consumer Complaints Manager
Malta Financial Services Authority, Notabile Road, Attard BKR 3000, Malta
<http://mymoneybox.mfsa.com.mt>
Telephone: +356 21441155 (overseas call charges apply)
Email: consumerinfo@mfsa.com.mt

If you take any of the actions above it will not affect your right to take legal action

TRAVELODGE ROOM CANCELLATION INSURANCE MEDICAL CERTIFICATE

This certificate is to be completed by the registered General Practitioner (GP) of the person whose illness/injury/death has caused the claim

Please answer all questions - All information is treated as private and confidential

1. Name of the person whose condition caused the claim whether they travelled or not

Date of Birth

2. Are you the usual GP Yes No
s

3. GP Name

4. If yes for how long

5. If no, what is your involvement

6. Do you have the patients medical notes Yes No
s

7. Onset date of symptoms

8. Please describe the injury of illness in full

9. Date first consulted

10. Date of diagnosis

11. Has the person named in 1. received a terminal prognosis

If so, please provide the date given

12. In date order, set out the patient's medical history relating to the condition causing the claim. Please include all associated conditions. If no history, state NONE.

13. At the time that the insurance was purchased, was the person receiving, or on a waiting list for, or recovering from in-patient treatment in a hospital/nursing home: Yes No

14. The date when it became apparent that travel arrangement should be cancelled

15. The date when you advised the need to cancel the travel arrangements

16. If the patient is the traveller

i) when would they be fit to travel again

ii) have they been signed off work: Yes No From

17. Please provide the patient's state of health at the time the room was booked

18. Please certify that solely due to the reason detailed (q8) it is necessary for the travel arrangement to be cancelled or cut short: Yes No

GP DECLARATION

I have examined the patient and/or referred to their medical records and declare that the information given is correct and no relevant details have been withheld.

GP Name

GP Signature

Date

Surgery Stamp