

Dear Sir/ Madam

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**Event/ Experience Cancellation claim form**

To ensure that our claims team can efficiently handle your claim, please ensure all relevant questions relating to your claim are completed

To assist in the handing of your claim you should ensure that all relevant questions are answered, and that all appropriate sections, boxes and signatures are completed, failure to do so may delay the processing of your claim.

Supporting evidence should be provided in the form off one of the following:

- Order of Service or Copy or Death certificate
- Copy of letter, Appointment Card or Medical Certificate from your GP or Specialist
- Copy of the confirmation of attendance by your Roadside Assistance Provider
- Copy confirmation of any public transport disruptions
- Copy confirmation of any adverse weather conditions

Any questions or queries please telephone us on **0208 315 0732**

Please return the complete claim form and documentation to [adjusters.uk@vanameyde.com](mailto:adjusters.uk@vanameyde.com) or alternatively you can send to:

Van Ameyde UK  
Office 23  
Kingfisher House  
21 - 23 Elmfield Road  
Bromley  
BR1 1LT

Kind Regards

Van Ameyde UK Limited

# Event/ Experience Cancellation Claim Form

## Section A – Claim details to be completed by the claimant

Title:

Full Name:

Date of Birth:

Address:

Post Code:

Contact Number:

If providing a mobile contact please tick this box  if you **do not** wish to receive SMS updates on your claim

Email Address:

Occupation:

## Section B – Claim Details

Reason for cancellation:

State from where Voucher purchased:

Date Voucher Purchased:  Voucher Number:

Date booking made with venue (i.e. voucher redeemed):   
Please includes a copy of the booking confirmation from the venue or the unused voucher.

Amount paid: £  Date of Event/ Experience:

Venue:  Venue Booking Ref No:

Type of event:

### Important notes:

If the reason for cancellation is medical, please arrange for the next page of this form to be fully completed by your usual G.P. If cancellation for any other reason please attach documentary evidence to support you need for cancellation/ non-attendance

# MEDICAL CERTIFICATE

To be completed in BLOCK CAPITALS by the General Practitioner of the person whose illness/injury gives use for the claim. Any charge made for the completion is the responsibility of the insured person and is not refundable under the insurance Policy.

1	Full Name of Patient/Person whose condition has caused the claim.	
2	Date of Birth	
3	Are you the regular medical attendant? a) If so, for how long? b) If not, what is your involvement with this matter?	
4	Please state precise nature of: Medical condition/illness/injury/cause of death that caused the claim If injury, state how this was caused.	
5	Please state exact onset as in 4. a) Date first consulted b) Date first diagnosed c) Date when there was any serious deterioration if applicable	
6	Please state: a) Whether the patient consulted you prior to the event as to the advisability of undertaking the event. If so on what date. b) Whether in your opinion the patient was fit to participate.	
7	Please provide details of the patients health at the time the voucher was purchased.	
8	Please advise the date when it first became apparent that the event should be cancelled.	
9	Please state the exact date you advised the need to cancel.	
10	Are you prepared to certify that, solely due to the condition described in 4 above, the claimant was compelled to cancel the event arrangements?	

To BE COMPLETED BY THE GENERAL PRACTITIONER

I certify that the information given is complete and correct

Name (Please Print):

Signature:

Qualifications:

Address:

Date:

Doctors Official Stamp

**Section C – General Data Protection Regulation (GDPR)**

By signing this claim form you consent to Van Ameyde using The information you supply, or that we collect, about you may be used by us and our agents for the purposes of claims administration, fraud investigation, management information, staff training and / or debt administration and recovery.

And to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover.

These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. You have certain rights with regard to your personal data processed by us. We will ask you to provide evidence of your identity before we can take instructions to fulfil your rights.

**Right of access** - You have the right to access your personal data that we hold on our database about you and this can be done by making a Subject Access Request to our Data Protection Officer.

**Right of rectification** - If you believe the data we hold about you is incorrect, you have the right to have this corrected.

**Right to erasure** - With exceptions, you have the right to request the deletion of personal data we hold about you. We will consider every request for erasure on its merits.

**Right to restrict processing** - You have the right to request us to restrict the processing of your personal data held on our database for the period it takes us to rectify any inaccurate data about you. This right can also be used to prevent us from deleting your data at the end of the retention period in the unlikely event that you need it to establish, exercise or defend a legal claim.

**Section E – Declaration**

I declare that the details given on this form are true and complete to the best of my knowledge. I have understood that some of the information provided will be made available to other insurers for Underwriting and Claims Handling purposes. I consent to the seeking of information from other insurers to check the answers I have provided, and I authorise the giving of such information.

Full Name:

Signature:

Date:

Please use the following area to add any additional details that could assist with handling your claim: