



Course-u-can.com

Feeguard

your UK course fee insurance
cancellation or curtailment **Claim Form**



THANK YOU FOR NOTIFYING US OF YOUR CLAIM. PLEASE COMPLETE ALL QUESTIONS. IF ANY QUESTION IS NOT APPLICABLE PLEASE STATE 'N/A'. PLEASE ENSURE YOU SIGN THE DECLARATION ON THIS FORM

Name of Policyholder : **Gibbs Denley Student Travel Scheme**

Policy No. : **51UK491782**

Certificate No. :

Full name of Insured Person (Mr, Mrs, Miss, Ms) :

Date of Birth :

Full address :

Postcode :

Telephone No. (Business) :

Telephone No. (Home) :

Name of School/College attending in the UK :

Address :

Postcode :

DETAILS OF EXPENSE - All accounts, bills, receipts, medical certificates, booking invoices, any correspondence and any other documents relative to this claim should be forwarded to the Company:-

Claimant Name	Nature of Expense	Name and address of Doctor or Hospital attended	Amount claimed	Paid

TOTAL : **£**

CANCELLATION / CURTAILMENT - Details

Please give the reason for the cancellation/curtailment of the course :

Please state the scheduled course dates :

Start Date :

Finish Date :

Date Course Booked :

Date of Cancellation/Curtailment :

If the cancellation/curtailment way due to illness or injury, please state :-

(a) The name and age of sick/injured person :

(b) The exact nature of illness/injury and the commencement date :

(c) Has the person concerned previously suffered the same or a similar complaint? YES / NO

If YES, please give details with relevant dates :

CANCELLATION / CURTAILMENT - Details *Continued*

PLEASE PROVIDE MEDICAL EVIDENCE FROM THE ATTENDING DOCTOR OR PLEASE ASK THE ATTENDING DOCTOR TO COMPLETE THE FOLLOWING:-

Nature of complaint preventing attending/completing the course : _____
Date of treatment first sought : _____
Was the cancellation of the course medically necessary? YES / NO _____

VALIDATION STAMP

Signed : _____ Date : _____

If journey was **cancelled or curtailed** please give details of expenditure incurred :-

Total Amount Paid : _____ Total Amount Refunded : _____ Amount to be Claimed : _____

PLEASE PROVIDE A CANCELLATION INVOICE.

BANK DETAILS - When the claim has been approved you may have the payment credited direct to your Bank Account. This payment method is both speedier and safer than by cheque. If you would like to take advantage of this arrangement, please complete the following:-

Name and address of your Bank: _____
Address _____
Postcode _____

Branch Sort Code from top right hand corner of your cheque book - -

Bank _____
Account Number _____
Account Name _____

If Payment has already been made on your behalf, please give details to whom this claim payment should be made :-

Name : _____
Address : _____
Postcode : _____

DECLARATION - I declare that all the information given is to the best of my knowledge and belief, full true and correct.

Signed : _____ Date: _____

CHECKLIST : Please ensure

- you have enclosed a copy of your Insurance Certificate**
- you have completed ALL relevant questions on this claim form**
- you have enclosed all requested information and documentation**
- you have signed this claim form as failure to do so will result in a delay in handling your claim.**

Thank you. Please return the completed claim form together with any enclosures to:

ACE European Group Limited, Claims Service Team, 200 Broomielaw, Glasgow, G1 4RU.
Tel: 0845 841 0056 Fax: 01293 597 376 Email: claims@ace-ina.com

In order to administer your claim, this information will be used by ACE European Group Limited and its group companies. It may be held on computer and/or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes.

You also consent to our transferring your information to countries, which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate, put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer

of their information abroad and to receive on their behalf any data protection notices.

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