



Cancellation/Curtailment/Rearrangement 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 send the completed form together with all relevant correspondence to: claims@umal.co.uk, or alternatively send to: **U M Association Ltd, 5 St Helen's Place, London EC3A 6AB**

Name of Institution (University, College etc.)

Date on which travel commenced or was due to commence

Date on which travel due to end

Full name of person covered (Mr, Mrs, Miss, Ms)

Full address including postcode

Telephone no.

Email

Full name of other persons covered

Date of Birth

Relationship

Please ensure you sign the declaration on the last page of this claim form

Travel Details

Type of travel: **Business** **Holiday** **Placement** **Internship**

Please give the reason for the cancellation/curtailment/rearrangement of the journey

[Empty text box for reason of cancellation]

Please state the scheduled times of travel:

Outward date Return date
Date journey booked Date of cancellation/curtailment/rearrangement

Please provide a copy of your original itinerary/travel documents

Injury or Illness

Only complete section if the cancellation/curtailment was due to illness or injury:

a) Name of sick/injured person Date of Birth

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

[Empty text box for nature of illness/injury]

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

If 'YES', please give the relevant dates

At own cost, please provide medical evidence from the attending doctor or please ask the attending doctor to complete the following:

Nature of complaint preventing travel

Date treatment sought

Validation Stamp

Was cancellation of the journey medically necessary? YES NO

Signature

Date

[Empty box for Validation Stamp]

Amount Claimed

If journey was cancelled, please give details of expenditure

incurred:

Total amount paid: Total amount refunded: Amount to be claimed:

Please provide a cancellation invoice together with your travel documents from your tour operator, transporter carrier or accommodation agent.

If journey was **curtailed/rearranged**, please provide details of additional travel and sundry expenses including how these were incurred.

Receipts need to be enclosed for ALL these charges.

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.

Person covered name	Date expense incurred	Nature of expense	Name of currency paid (e.g. GBP, US dollars, Euros)	Amount paid	Refund received
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Total Amount:

Access To Medical Reports Act 1988

Before a doctor can give a medical report on this claim form, which is a requirement of this claim, the person covered must give their consent.

Before giving consent, they should be aware of their rights under the Act which are summarised as follows:

1. They may withhold their consent.
2. They may see the report before it is sent to us within 21 days from the date of this report.
3. They may ask to see the report for up to six months after the report is completed.
4. They may ask the doctor to amend any part of the report, which they consider to be incorrect or misleading. If the doctor does not agree with this request the person covered may attach their comments to this report.

NB The doctor may withhold all or part of this report from the person covered if he considers that they may be physically or mentally harmed by it.

Patient Declaration

Having been made aware of my statutory rights under the Access to Medical Reports Act 1988 in connection with my claim

1. I hereby consent to UMAL seeking medical information from any doctor who at the time has attended me concerning conditions which affect my physical or mental health.

2. Please tick the appropriate box:

I DO wish to see the report before it is sent to UMAL

I DO NOT wish to see the report before it is sent to UMAL

3. I authorise such doctor to disclose such information to UMAL.
4. I agree that a copy of this consent shall have the validity of the original.
5. I agree that any information obtained by UMAL may also be shared, in confidence, with Canopus Syndicate 4444.

Signature

Date

We have updated our [Privacy Policy](#), to ensure that we continue to handle your data fairly and lawfully, in accordance with the General Data Protection Regulation that came into force on 25 May 2018.

You can review the updated Privacy Policy [here](#).

The Privacy Policy includes information and guidance, such as:

- How we collect, use and store your personal data;
- Your rights in connection with our collection, use and storage of your personal information;
- The circumstances under which we may be obliged to share your personal data with third parties.

By signing this form, you are consenting to the terms of our Privacy Policy.

If you have any questions about our Privacy Policy, you can contact the Data Protection Officer on 020-7847 8670, or by email to DPO@umal.co.uk, or by writing to the Data Protection Officer at 5 St Helen's Place, London EC3A 6AB.

Declaration

Please remember to either digitally sign this form by pressing the red tab in the left hand corner of the signature box below or print and sign before sending the completed form – either in hard copy or as a scanned PDF to the contact details shown at the top of page 1

Name	<input type="text"/>	Signature	<input type="text"/>
Position	<input type="text"/>		
Date	<input type="text"/>		

Please ensure:

- You have completed ALL relevant questions on this claim form.
- You have enclosed ALL requested information/documentation.
- You have signed this claim form.

As failure to do so will result in delay in handling your claim.

Thank you for fully completing this form.