

# CROSS KEYS PRACTICE

## Request for completion of holiday cancellation

**To be completed by claimant and attached to paperwork from travel insurer**

Full name of claimant \_\_\_\_\_

Address of claimant \_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_ Telephone number of claimant \_\_\_\_\_

Date holiday was booked \_\_\_\_\_ Date insurance was arranged \_\_\_\_\_

Reason for cancellation (please also state who claim relates to, ie yourself or a family member)

Date of cancellation \_\_\_\_\_

**I understand that a fee is chargeable for completion of this form and that it will not be given priority over core NHS work, i.e. the assessment of acutely unwell patients. I will collect in 7 days unless otherwise instructed.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

.....

Internal use only

Date Received \_\_\_\_\_

Receiving Person \_\_\_\_\_