

(1.b): CurtailmentClaim Ref: **MLB/4121:**

For the Abandonment of a Journey on written medical advice, or unavoidably curtailing a Journey due to Death, serious injury or illness of a Family Member or a Business Colleague

Genesis Assistance Services Limited (Nicosia)**Reason for Curtailment – Please Tick (✓) One Box Only** **Death** **Accident** **Illness** **Injury** **Non Medical****Documents that the Cardholder MUST provide to GenAssist. (Photocopies are NOT Acceptable)
PLEASE SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS**

1. The Original Credit Card Receipt and/or Bank Statement and Original Deposit Receipt that verifies payment of the travel arrangements
2. The Original Airline Tickets and Original Confirmation of Booking Invoice which **must** show the dates of travel
3. **ALL** the unused flight or travel or excursion tickets and **ALL** the Original receipts for the extra expenditure
4. The “(3.a): **Medical Certificate Claim Form**” **must** also be completed if Curtailment was due to serious injury or serious illness
 - (a): of someone at home, or
 - (b): of a Member of the Cardholder’s travelling party, together with a letter from an overseas treating doctor that confirms the medical necessity for that person to return home early
5. If Curtailment was due to Death of a Family Member at home, the “(3.a): **Medical Certificate Claim Form**” **must** also be completed and a certified copy of the Death Certificate is required
6. If Curtailment was **not** caused by Death or medical or health circumstances, please supply an independent written and signed evidence letter that confirms the specific reason for the Curtailment (such as being called as a witness in a court of law)
7. Details of any financial compensation which has been offered to the Cardholder by the Airline, or ANY other party concerned

Special Notes:

- * A claim can only be made by the Cardholder within **25 Days** of the Incident, otherwise the claim will **not** be considered
- * Insurers shall **not** be liable for any claim for which the Cardholder fails to provide necessary, correct, original and/or official documents that are required by Insurers or **GenAssist** to support the claim. All documents submitted **must** be originals and **not** photocopies, computer scans or facsimile transmissions
- * Payment of any claim is limited **only** to admissible expenses after allowing for amounts recoverable from any other organisation, or any other Insurance policy, or which are recoverable as damages

Please answer ALL Questions Below and in BLOCK CAPITALS PLEASE**1. Dates of actual Departure or early return home by the Cardholder**

| | |
|-------------------------------|---------------------------------|
| Date | |
| Number of Hotel Nights Booked | Number of Hotel Nights Not Used |

2. If Curtailment was due to a person not booked to travel please state name and relationship to the Cardholder

| | |
|--------------|--|
| Name | |
| Relationship | |

3. Names and Ages of all those who curtailed

| Name | Age |
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| 4. | Did the travel arrangements differ from the Original booking ? | YES | NO |
| 5. | Did the Cardholder use the Original Tickets ? | YES | NO |
| 6. | Was the 24 Hour Emergency Service Number Used ? | YES | NO * |
| 7. | * If 'NO' the Cardholder must answer 'why not' (on a separate sheet of paper) | | |
| 8. | Time and Date of First Call Notification ? | | |
| 9. | Name of the Person the Cardholder Spoke To ? | | |

10. Please give details of the reason for the Curtailment (continue on a separate sheet if necessary)

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