

CANCEL COVER CLAIMS SUBMISSION FORM

**POLICY
POWER
HOUSE**



cancel
cover

This form should be completed and returned together with the required documents to:

Claims@maydaytravelclaims.com

MAYDAY CLAIMS
Unit 1 Clifton Mews
Clifton Hill
Brighton
BN1 3HR
East Sussex
01273 442492

Section 1: Your Details

Company name

Contact dealing with this claim
(the person signing this form)

Residential address

Email address

Phone number

Premier Cottages membership number

Master Policy number

Start date of Master Policy

Are you registered for VAT? Yes/No

If you are registered for VAT,
what is your VAT number?

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Section 2: The Booking

Booking number (Your reference)

Date of booking

Deposit charged at time of booking

Final balance payment date

Start date of holiday

End date of holiday

Lead name

Booking value (net of third party
commissions such as OTA's)

Booking channel

Date of notification of cancellation

Reason for cancellation

Amount charged to guest following
cancellation (min 5% of total holiday cost)

Activity undertaken to resell the cancelled
holiday including dates of actions

Value of resold booking/s covering any of
the original booking period

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Section 3: Supporting Documents

The following documents are required to support the claim (scanned documents are accepted)

*Please confirm document is attached,
or add a note to explain why not included*

Original booking confirmation showing deposit payment	Yes / No	Reasons why not included, if applicable
Confirmation of final balance payment	Yes / No	Reasons why not included, if applicable
Cancellation notification from guest (email, letter) including reason for cancellation	Yes / No	Reasons why not included, if applicable
Cancellation invoice including amount charged	Yes / No	Reasons why not included, if applicable
Booking confirmation for replacement booking (if the holiday is resold)	Yes / No	Reasons why not included, if applicable
Other (please specify)		

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Section 4: Declaration

The person submitting this claim is

Position

Dated

I confirm the following:

1. The person submitting the claim (as detailed above) is the Master Policy Holder or is doing so with the full authority of the Master Policy Holder.
2. That the information provided is true and complete to the best of my knowledge.
3. I/We have made every reasonable effort to resell the cancelled holiday as quickly and effectively as possible.
4. The reason for cancellation of the holiday is, having made reasonable enquiries, not due to Coronavirus, epidemic, pandemic, war or terrorism.
5. The Master Policy Holder resides in the United Kingdom.
6. I understand that insurers will prosecute fraudulent claimants to the full extent of the law.