

How to submit a trip cancellation or interruption claim


- Step 1 – Immediately inform your travel service supplier(s) of the cancellation.
- Step 2 – Gather all of the necessary documents (see below).
- Step 3 – Complete and sign the enclosed *Claim – Trip Cancellation / Interruption Insurance – Illness or Injury* form.
- Step 4 – Send all of the documents to Desjardins Insurance (see form for address).

Documents to provide

- A completed, signed and dated *Claim – Trip Cancellation / Interruption Insurance – Illness or Injury* form (enclosed)**
Incomplete forms will be returned, which will delay the processing of your claim.
- Statement of the physician consulted section – must be completed by the physician consulted**
Page 2 of the enclosed *Claim – Trip Cancellation / Interruption Insurance – Illness or Injury* form
- The receipt(s) you were given when you purchased your trip**
These documents must indicate the amount paid, the trip dates and any deposits paid (if applicable).
- Proof of payment for your trip**
For example, a copy of your bank or credit card statement.
- Documents proving that you cancelled all of the reservations for your trip**
These documents must indicate the amounts reimbursed, the cancellation date and any travel credits (if applicable).
- Proof of reimbursement of the travel reservation(s)**
For example, a copy of your bank or credit card statement.
- Any unused transportation tickets (if applicable)**
- A void cheque if you want your payment to be deposited directly in your financial institution account.**

Additional documents required for trip interruption or delays

- A detailed receipt showing the amounts paid to make changes to your trip**
For example, new return tickets, any unused land portion of the trip, etc.
- Proof of payment for the new tickets**
For example, a copy of your bank or credit card statement.
- Original and detailed receipts for living expenses (if applicable)**
For example, hotel, meals, etc.

 If you are not able to send us all of the documents, please explain why in a separate letter.
We reserve the right to request additional documents and information.

Physician statement – Note to physician

Please answer the following questions about the diagnosis or health issue that led to the trip being cancelled.

For Desjardins Insurance only

Our file number: _____


 **Any fees charged for providing this statement are to be paid by the insured.**

A. Statement of physician consulted for the illness or injury

Your patient's name _____

Date of birth (YYYY-MM-DD) _____

Injury or health issue warranting cancellation of the trip

 **Please answer all of the questions below in terms of the injury or health issue that led to the above-mentioned trip being cancelled.**

1. Date of injury or initial symptoms: _____
YYYY-MM-DD
2. Date first seen for this injury or these symptoms: _____
YYYY-MM-DD
 - a) Was the patient already taking medication for this injury or health issue? Yes No
 - i. If yes, indicate which medications and the date they were prescribed:
 _____ YYYY-MM-DD
 - ii. Did you adjust the medication? Yes No If yes, when?
 _____ YYYY-MM-DD
 - b) Did you prescribe new medication for this health issue?
 Yes No If yes, specify (drug name, dosage and date):
 _____ YYYY-MM-DD
 - c) Has the patient started any new treatment (other than medication) or has it been recommended they do so?
 Yes No If yes, indicate new treatments and dates:
 _____ YYYY-MM-DD
 _____ YYYY-MM-DD
 - d) Has the patient undergone any tests or has it been recommended they do so for this injury or health issue?
 Yes No If yes, indicate tests and dates:
 _____ YYYY-MM-DD
 _____ YYYY-MM-DD
 - e) Has the patient undergone any tests for which you are awaiting results?
 Yes No If yes, indicate tests and dates:
 _____ YYYY-MM-DD
 _____ YYYY-MM-DD
 - f) Has the patient undergone surgery or has it been recommended they do so?
 Yes No If yes, indicate surgery and date:
 _____ YYYY-MM-DD
 _____ YYYY-MM-DD
 - g) Has the patient been hospitalized? Yes No If yes, when: _____ YYYY-MM-DD
YYYY-MM-DD
3. If the patient is pregnant, indicate the estimated date of delivery: _____
YYYY-MM-DD
4. Was the patient referred to you by another physician? Yes No If yes, indicate:
 - a) The referring physician's name and address: _____
 - b) The date on which the patient was referred to you: _____
YYYY-MM-DD
5. Did you advise the patient **not to** take this trip? Yes No If yes, when? _____
YYYY-MM-DD

B. Identification of physician consulted (please print)

Name: _____
Address: _____
10-digit phone number: _____

X _____
Signature of physician **Date (YYYY-MM-DD)**

Specialty _____

**Physician's seal or a document
containing their contact information**

C. Identification of family physician – If different from physician indicated above

Name: _____ 10-digit phone number: _____