

# TRAVEL CURTAILMENT FORM

## PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA-IG) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission. NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organisation; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you. Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at

<https://ke.ncbagroup.com/privacy-policy/>.

## SECTION A : PERSONAL DETAILS

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## SECTION B : POLICY INFORMATION

Policy Number: \_\_\_\_\_ Name of policy: \_\_\_\_\_

Date issued: \_\_\_\_\_ Policy start date: \_\_\_\_\_ Policy end date: \_\_\_\_\_

Date the loss occurred: \_\_\_\_\_ Number of insured travellers: \_\_\_\_\_

Please advise the section(s) of the policy you are making the claim under: \_\_\_\_\_

Total amount claimed: \_\_\_\_\_

## SECTION C : TRAVEL DETAILS

Booking reference: \_\_\_\_\_ Booking Date: \_\_\_\_\_

Tour operator: \_\_\_\_\_

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_ Total days: \_\_\_\_\_ No. in party: \_\_\_\_\_

Destination country: \_\_\_\_\_ Destination city: \_\_\_\_\_

## SECTION D : ELECTRONIC FUNDS TRANSFER DETAILS

You should ensure that your payment details are correct on this form. We shall not be responsible for any incorrect payments or delays arising as a result of the provision of incorrect information. We cannot accept responsibility for the security of the information on this form until it is received by us. We recommend you provide a cancelled cheque.

Name of the account holder: \_\_\_\_\_

Name of the bank: \_\_\_\_\_

Address of the bank: \_\_\_\_\_

Branch Code: \_\_\_\_\_ Currency of the account: \_\_\_\_\_

IBAN / Account Number: \_\_\_\_\_ SWIFT / BIC Code: \_\_\_\_\_

## SECTION E : CURTAILMENT (CUTTING SHORT YOUR TRIP)

Reason for curtailment - please tick ONE box only    Injury     Non Medical

Scheduled return date: \_\_\_\_\_ Actual return date: \_\_\_\_\_

Number of nights booked: \_\_\_\_\_ Number of nights unused: \_\_\_\_\_

Did you need to cancel as a result of a person NOT travelling with you?

If YES, please state their name and relationship to you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please explain what attempts you made to revalidate or use your original tickets:

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**Details of holiday costs, additional expenses and refunds obtained or due (continue on a separate sheet if necessary).**

	Original cost of trip	Additional expenses	Refunds
<b>Ticket Costs</b>			
<b>Accommodation costs</b>			
<b>Pre-paid excursions / Hire car / parking</b>			
<b>Total</b>			

**Details of all those curtailing (continue on a separate sheet if necessary).**

Name	Relationship	Date of birth	Insured on this policy?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

## SECTION F : 24 HOUR EMERGENCY SERVICE

(a) Was the assistance company contacted? Yes  No

If NO, please explain the reason for not contacting the assistance company:

(b) Date and time contacted:  /  :

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(c) Assistance case reference number: \_\_\_\_\_

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Please explain what attempts you made to revalidate or use your original tickets:

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## SECTION G : CONSENT & DECLARATION

### Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting [ncbainsurance@ncbagroup.com](mailto:ncbainsurance@ncbagroup.com).

I consent

I do not consent

### Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for NCBA Insurance to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Corporate)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Company Stamp and Date: