

Dear Sir/Madam

Travel Insurance Claim

Please find enclosed a claim form for completion and return to the address shown above.

You should complete all sections relevant to your claim and enclose all requested supporting documentation (**which must include evidence of your outward and return travel dates from the UK**). Please note an incomplete application may delay the processing of the claim.

Please note **all documentation will be destroyed after 3 months**; an electronic copy will be held on our system.

You must as part of the policy terms and conditions declare if you have any other travel, household or other insurances in force at the time of your claim (this includes any insurance which may have been provided in association with your bank account). **Withholding this information may delay the processing of your claim.**

If additional information or documentation is required we will reply using the e-mail address supplied when you purchased the policy. Please ensure that you provide your current e-mail address on the enclosed claim form before returning it to us.

If you have any **queries or you require assistance** in completing the claim form please do not hesitate in contacting us on 0844 888 2788. Please have your claims reference number to hand.

Yours sincerely,



Travel Claims Services Ltd



Travel Insurance Claim Form.

Travel Claims Services Ltd
Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY

Date Sent:

Claim Ref :
(if known)

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PLEASE ANSWER ALL RELEVANT QUESTIONS ON THE CLAIM FORM; LEAVING ITEMS BLANK, USING TICKS, DASHES AND N/A MAY RESULT IN US RETURNING THE CLAIM FORM AND/OR ASKING FURTHER QUESTIONS, THUS DELAYING THE PROCESSING OF YOUR CLAIM.

Personal Details – Required for all Claims

Claimant Details

Title	Mr / Mrs / Miss / Ms / Other:	Home Address	
Surname			
Forename(s)			
Date of Birth			
Occupation		Postcode	
NI Number		Home Tel.	
Parent/Guardian's NI number	(If medical claim for a minor)	Work Tel.	
Nationality		Email	

Policy and Holiday Details

Policy Number		Date of Booking	
Date Issued		Departure Date	
No. in Party		Return Date	
Independent Travel Arrangements?	YES	NO	If no provide the following:
Travel Agent & Branch		Country	
Tour Operator		Resort / Town	

It is against the law to submit a fraudulent insurance claim.

If your claim is found to be fraudulent the claim will be declined and Insurers will pursue recovery by the use of civil action.

1. I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would affect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Travel Claims Services nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.
 2. I/We understand that the information on this form will be passed to or used by Travel Claims Services for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.
 3. I/We subrogate all rights of recovery to Travel Claims Services Ltd. and also consent to them seeking reimbursement of any medical expenses paid by them.
- For medical related claims:**
4. I authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Travel Claims Services or their agents. I understand that in executing this authorisation, I waive the right for such information/records to be privileged. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.

I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimants Name	Claimant Signature	Date of Birth	Dated

Curtailement (Cutting short your trip).

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Travel Claims Services Ltd

Date Sent:

Claim Ref :
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Documents You Need to Send Us – SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS

- Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc. and a full breakdown of the total holiday cost.
- All unused and used travel tickets, itineraries etc.
- Original evidence of all additional travel expenses.
- If curtailement is due to the medical condition, including death, of someone in the the attached medical certificate should be completed by the usual GP of the individual whose condition has caused the submission of this claim.
- If curtailement was due to injury or illness of a person travelling on the trip, please provide written confirmation from the relevant overseas physician to confirm the medical necessity of the curtailement.
- If curtailement is due to a death, we require a certified copy of the death certificate. In addition, if the deceased was an insured person, we require a copy of the Grant of Probate or Letters of Administration issued in respect of the deceased's estate.
- If this claim is being submitted as a result of an injury please provide a full description of the incident leading to the injury, if a third party was involved please provide their details and those of their insurer if available.
- If curtailement is for a reason other than those detailed in points 3 and 4 please forward independent written evidence of the incident or circumstances that have resulted in the submission of the claim.

If you are unable to supply any of the documentation requested, please provide a written explanation.

Please answer ALL questions below – BLOCK CAPITALS PLEASE

Dates of scheduled return and actual return							
Scheduled return date		No. of days booked		Actual return date		No. of days unused	
If your curtailement was due to a person who was not travelling with you, please state their name and relationship to you							
Name				Relationship			
Was any attempt made to revalidate or use your original tickets?	YES	NO	If answer is YES, were you successful in your attempts?			YES	NO
If NO please provide an explanation as to why no attempt was made to revalidate your tickets (continue on separate sheet if necessary):							
Names and ages of all those curtailment							
Name		Date of birth		Name		Date of birth	
Name		Date of birth		Name		Date of birth	
24 hour Emergency Service							
Did you contact the medical emergency assistance company?	YES	NO	If NO please explain below (continue on a separate sheet if necessary):				
Date and time of first call		Name of person spoken to		Reference No. given to you			
Please detail the reasons for curtailement (continue on a separate sheet if necessary)							
List of additional and unused expenses (continue on a separate sheet if necessary)							
Receipt No.	Date	Description of item	Currency	Amount	Paid Y/N		
				Total Claimed			

Curtailment (Cutting short your trip). Page 3

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Other Insurance

- a. Do you (or anyone else claiming) have any other insurance which may cover this trip? (e.g. Travel insurance with your bank/credit card account, tour operator/travel agent or home contents insurance etc.):

YES

NO

NB (A contribution payment is normal practice where 2 policies cover the same loss)

- b. If yes, please supply the following details:

Company name and address	
Policy number	

Has a claim been submitted to any other company for this incident?

YES

NO

Please provide details:

Method of payment for the trip – Please select

Cash	Cheque	Credit/Debit card	Reward points/Airmiles	
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If a Credit/Debit card was used to pay all or some of the trip cost, please state:

Name of card supplier	Card type (eg. Gold/plat/black)

Previous claims

Have you made any previous claims on this type of insurance?

YES

NO

If yes please give details:

At the time of purchase of the policy or date of travel were you aware of any reason why the trip may need to be cut short?

YES

NO

If yes, please provide additional information:
