

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)

webclaims

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

Scheduled Airline Failure. Travel Claims Services Ltd Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY	Date Sent:		*webclaims*
	Claim Ref : (if known)		

Tour operator	
Claimant name	

Important Note:

Only a named passenger due to travel on an affected booking should complete this claim form. This person must also sign Section 7.

If someone NOT due to travel paid for the booking the any refund will automatically be sent to the person who made payment (payer) as they have suffered the financial loss.

If the payer requires a third party or a named travelling passenger to receive settlement, then the payer must sign Section 8.

Passenger details

Passenger name			
Address			
County		Postcode	
Telephone		Mobile	
Email			

Booking details

Name of airline operator	
Booking reference	
Date of departure	
Number of passengers on booking	
ATOL number	

Original schedule/flight details

Departure date		Flight number	
Return date		Flight number	
Date of issue of ticket(s)			

Airline failed	
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Type of claim – Please select one box only

Deposit only	<input type="checkbox"/>	Full payment	<input type="checkbox"/>	Additional costs or curtailment	<input type="checkbox"/>	(please provide details for the replacement tickets)
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Total amount claimed	£	
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Have you claimed or are you able to claim these monies from any other source?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes please explain		

Statement of subrogation

In consideration of paying to us the sum of £..... by way of indemnity, we assign you all rights, claims and interest that we may have against failure of..... to Travel Claims Services Limited as agents for their Principals.

Signed Date

Name Position(If applicable)

(This section legally allows your claim, when paid, to be transferred to the insurers)

Declaration

I declare that to the best of my knowledge and belief all facts are correct. I also declare that I had no knowledge of the airline’s potential failure at the time of issue of the ticket(s) as detailed.

Signed Date

Name Position(If applicable)

Documents required to substantiate claim(s)

We enclose the following original documents (please tick)

		Office use
Unused airline ticket(s)	[]	[]
Evidence of payment(s)	[]	[]
Confirmation/Invoice to client(s)	[]	[]
Receipts/evidence of payment of replacing onward or return transportation	[]	[]

Method of payment for tickets

Credit card direct to airline	
Name of cardholder	
Card type – Access/Visa etc	
Card number	
Expiry date	
Amount	£

Payment by cheque	
Amount	£
Payable to	

Payment via BSP Office	
Date of debit	

Compliance with the Data Protection Act 1998

We hereby notify you that any personal data obtained about you will be processed in accordance with the Data Protection Act 1998. By signing this form, you confirm that you have obtained the consent of all individuals named on this form, to their data being stored and processed by Travel Claims Services in accordance with the Act and such information will only be held in respect of dealing with your claim.