

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:		*webclaims*
	Claim Ref : (if known)		
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.

<p>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.</p> <p>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.</p> <p>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.</p> <p>For medical related claims:</p> <p>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.</p>
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I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimants Name	Claimant Signature	Date of Birth	Dated

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

Customer out of pocket expense cost only – Evidence of payment

We can only consider claims for customer out of pocket costs for passengers who were already abroad at the time of the operators failure and who have suffered a financial loss due to replacing elements of the holiday already pre-paid to the tour operator. We are prohibited from paying **any** form of compensation. Please give details below of the payments you made, adding a separate sheet if there is not enough space.

Important Note: All customer out of pocket costs should be sent direct to the CAA at the address below:

ATOL Claims Dept
K3 CAA House
43-59 Kingsway, London, WC2B 6TE

All claims must be supported by original receipts.

Element repaid (e.g. hotel, car hire etc)	Receipt? ✓	Method of payment (cash or card)	Amount paid (in currency paid)
Total expenses claim			£

Important Note: You can **ONLY** submit documents listed below as evidence of payment. No other evidence will be accepted and we will be unable to consider your claim.

		Please tick ✓
For all cash payments	The original cash receipt received for the element repaid; and	
	For cash payments of more than £500 , you must complete the Affidavit in Section 12	
For all credit/debit card payment	A copy of your official statement showing the transaction: This must confirm the payment, the account number and the account holders name. Sales slips or ATM statements cannot be accepted.	

Evidence of payment to 3rd party suppliers

Please list and detail **all** payments regarding this booking which have been made to the 3rd party supplier. Provide **all** the original financial documentation as set out below.

Paid by	Paid to	Date	Method of payment (cheque, credit card etc)	Amount
				£
				£
				£
				£
				£
				£
				£
Sub total				£
Any refunds				£
Total claim				£

Important Note: You can **ONLY** submit documents listed below as evidence of payment. No other evidence will be acceptable. Without this evidence we cannot consider your claim.

		Please tick ✓
For all cash payments	The original cash receipt received from the 3 rd party supplier. Bank advice slips are NOT acceptable; and	
For cash payments of more than £500 and any payment made directly into the operators account	Provide a copy of your bank statement showing the account holders name and withdrawal of the amount paid. For bank transfers, a bank statement detailing the payees name/account details	
For all cheque payments	The original cleared cheque from your bank; or	
	A photocopy of both sides of the cleared cheque; or	
	A letter from bank/building society confirming the amount, holders name, amount paid, payee and date of clearance	
For all credit/debit card payments	A copy of your official bank statement showing the transaction: This must confirm the payment, the account number and the name of the account holder. Sales slips or ATM statements cannot be accepted.	

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.