

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



<b>Travel Insurance Claim Form.</b> Travel Claims Services Ltd Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY	Date Sent:		<b>*webclaims*</b>
	Claim Ref : (if known)		
<b>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.</b>			

**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><b>For medical related claims:</b></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

<b>Travel Delay, Missed Departure and Catastrophe</b> Page 2 Travel Claims Services Ltd	Date Sent:		<b>*webclaims*</b>
	Claim Ref : (if known)		

Documents You Need to Send Us – **SEND ORIGINAL DOCUMENTS AND KEEP COPIES FOR YOUR RECORDS**

- All claims** - Evidence of travel showing names of all claimants and dates of **BOOKED** outward and return travel (booking invoice, travel tickets, itinerary etc.).
- Travel delay claims only** - a letter from the transport company (airline, Bus Company etc.) with whom you were travelling when the delay occurred, detailing the cause and length of the delay you suffered.
- Missed departure claims only** - a letter from the relevant public transport company with whom you were travelling confirming the reason for and length of the delay; **OR**, if the claim is the result of a mechanical or electrical breakdown of a private motor vehicle, written confirmation from breakdown company or garage, together with service history of the vehicle; **OR**, if the claim is as a result of an accident, a report from the police, Highways Agency or other similar authority. **PLEASE PROVIDE WHICHEVER EVIDENCE IS APPLICABLE TO THE CLAIM.**
- Missed departure/Catastrophe claims only** - original receipts for all expenses. Please number the receipts and put the number in the column headed 'Ref No' when entering expenses below
- Catastrophe claims only** – written statement from appropriate public authority confirming the type of the disaster and how long it lasted, together with evidence of your original travel and accommodation arrangements

Please provide a written explanation if you are unable to supply any of the documentation requested.

**Please answer ALL questions below – BLOCK CAPITALS PLEASE**

<b>Type and amount of claim (please tick):</b>	<b>Travel Delay</b>		<b>Missed Departure</b>		<b>Catastrophe</b>		<b>Amount claimed</b>	
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<b>Travel Delay Claims:</b>		<b>Reason for delay:</b>			
Scheduled departure (date and time)				Length of delay (hours and minutes)	
Actual departure (date and time)				Name of Carrier	
<b>Missed Departure Claims:</b>					
Date & time of departure from your home address or resort				Date/time of your scheduled departure from the international departure point	
Place of your scheduled departure.				Time of your scheduled check-in for international departure	
At what point in your journey did the delay occur/commence?				Date/time of eventual travel?	
If the claim is submitted as a result of a motor vehicle accident involving a third party please provide their details and those of their insurers below.					
Third party's name				Insurer's name	
Third party's address				Insurer's address	
Post code				Post code	
Policy No.				Claim No.	
<b>Missed Departure/Catastrophe Claims: Please give full details of the circumstances of the claim (continue on a separate sheet if necessary).</b>					
Please detail the additional expenses incurred below(continue on a separate sheet if necessary)					
Ref No	Date	Description of expense	Amount	Currency	Office use only
<b>All claims - Other Insurance</b>					
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 etc.			YES	NO	If YES, please supply the following details below:
Company/Insurer's name and address					
Policy number					
Has a claim been submitted to any other insurer, airline, carrier etc.			YES	NO	If YES, give details including claim reference number below