

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 |
|----------------|--------------------|---------------|-------|
| | | | |
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|---|---------------------------|--|--------------------|
| Ski Equipment, Ski Hire, Ski Pack and Piste Closure. Travel Claims Services Ltd | Date Sent: | | *webclaims* |
| | Claim Ref : (if known) | | |

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

- Original evidence to show your dates of outward and return travel, (booking invoice, travel tickets, itinerary etc.)
- A police report, if your property was lost or stolen other than whilst in the custody of a carrier.
- If your claim is for property lost, stolen or damaged whilst in the custody of a carrier please forward the report issued by the carrier or their agent, written confirmation that no payment has been issued to you and all used travel tickets and baggage tags.
- Damage claims only** - please provide an estimate for repair. If the item is damaged beyond repair we require written confirmation from a relevant tradesman. Please retain all damaged items as we may require them to be forwarded to our offices.
- For all Ski Equipment Claims** - please provide pre-loss supporting documentation in the form of receipts or visa/bank statements showing the purchase of the items.
- Ski hire claims** - receipts for hire expenses incurred, if your claim is a result of a delay by a carrier please provide a copy of their report and their written confirmation of the date and time that you received your equipment.
- Ski pack claims** – provide written confirmation from the treating physician in resort that you were unfit to ski and evidence of the pre-paid expenses for which you are claiming e.g. receipts or ski pass.
- Piste closure claims** - written confirmation from the resort or your tour rep of the circumstances giving rise to the claim and if an alternative site was available receipts for transport expenses incurred in travelling there.

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

Important - please number all receipts for expenses incurred or pre-loss supporting documentation and put the number in the column headed 'Ref' when completing the sections below.

Please answer ALL questions below – BLOCK CAPITALS PLEASE

| Ski Equipment Claims - please provide details of lost, stolen, damaged or destroyed ski equipment | | | | | | | |
|---|---------------------|-------|-------------------|---------------|-----------------|----------------------|-----------------|
| Ref | Description of item | Owner | Place of purchase | Date acquired | Purchase method | Purchase price | Office use only |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | Total Claimed | |

| Ski Hire Claims - if ski equipment was hired due to your own equipment being lost, damaged or delayed please provide details | | | | | |
|--|--|-----------------|--|-----------|--|
| From whom was the equipment hired? | | From (date) | | To (date) | |
| | | Cost | | Currency | |
| | | Office use only | | | |
| | | | | | |

| Ski pack Claims - if you lost your ski pack (ski school fees, ski/snowboard/boot hire, lift pass etc.) please provide details | | | | |
|---|---------------------|-----------------|-----------------------------|-----------|
| Please provide details of the circumstances giving rise to this claim | | Ski school fees | Ski/snowboard/ boot hire | Lift pass |
| | Cost | | | |
| | Start date | | | |
| | End date | | | |
| | Date of loss | | | |
| | Number of days lost | | | |

| Piste Closure Claims - if you were unable to ski due to the piste at your pre-booked resort being closed due to a lack of snow or adverse weather conditions please provide details | | | | | | |
|---|------------------------|---------------|---|----------|----------------------|--|
| Date and time the piste was closed | | | Date and time the piste was re-opened | | | |
| Were expenses incurred or an alternative site available? | YES | NO | If YES advise cost of transport to an alternative site below: | | | |
| Ref | Description of expense | Date incurred | Cost | Currency | Office use only | |
| | | | | | | |
| | | | | | | |
| | | | | | Total Claimed | |

| | | | |
|--|---------------------------|--|--------------------|
| Ski Equipment - Loss, Theft, Damage or Delay. Travel Claims Services Ltd | Date Sent: | | *webclaims* |
| | Claim Ref : (if known) | | |

| | | | | | |
|---|--|---|---|------------------------|---|
| Delayed ski equipment claims only: | | | | | |
| Date and time of your arrival in resort: | | | Date and time you received your equipment: | | |
| How long was your equipment delayed? | | Has compensation been received from the carrier? if so please provide documentary evidence of this. If no compensation received please state. | | | YES NO |
| Flight No: | | Flight Date: | | PIR or Airline Ref No: | |
| Loss, Theft or Damage claims only: | | | | | |
| Where and when did the loss, theft or damage occur? | | | | | |
| Date and time the loss, theft or damage was discovered | | | Place of incident (country and resort or town). | | |
| Was the incident reported to the: | | | | | |
| Police (Date, time, ref) | | | | | |
| Carrier, e.g. Airline (Date, time, ref) | | | | | |
| Detail below the full circumstances surrounding the incident and the precautions taken to protect your property. Please continue on a separate sheet if necessary. | | | | | |
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| Where were the items at the time of the loss, theft or damage? | | | | | |
| What action(s) did you take to attempt to recover your property? Was the incident reported to any other authority, e.g. your holiday rep, rental car company or hotel etc? Please provide full details and a copy of their report if obtained, together with any other relevant information. | | | | | |
| | | | | | |
| | | | | | |
| ALL CLAIMS | | | | | |
| Have you or anyone else claiming made any previous claims for personal effects or money? | | | YES | NO | If yes, please give full details below: |
| | | | | | |
| | | | | | |
| Do you/your family or anyone else claiming have any other insurance which may cover this loss? e.g. travel insurance with your bank/credit card account, tour operator/travel agent or household insurer etc) If yes please give details below: | | | | YES | NO |
| Company name and address: | | | | | |
| | | | | | |
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| | | | | | |
| Policy number: | | | | | |
| Has a claim been submitted to any other party, e.g. other insurer, airline, carrier etc.? | | | YES | NO | If yes please give details below: |
| Company name and address: | | | | | |
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| | | | | | |
| Reference number: | | | | | |