



CLAIM FOR TRAVEL DELAY

(to be completed by the person who purchased the insurance)

SECTION 1 – YOUR DETAILS

Mr / Mrs / Miss Forename: _____ Surname: _____

Address: _____

_____ Postcode: _____

Daytime telephone number: _____

Occupation: _____ Date of Birth: _____

SECTION 2 – DETAILS OF YOUR TRIP

Booking date of holiday: _____

Outward Journey

Inward Journey

Scheduled Departure Date & Time

Actual Departure Date & Time (if different from above)

How were you due to reach your destination i.e. Ferry, Airplane, etc. _____

Name of Carrier: _____

Reason for Delay

SECTION 3 – OTHER INSURANCE

Do you have any other travel insurance: YES/NO

If YES please provide

Insurance Company Name _____

Address: _____

Policy Number: _____

NB: Disclosure of other insurance WILL NOT have the effect of reducing your available benefits.

SECTION 4 – DETAILS OF DELAY

Name of Insured Person	Claim

Please advise of any travel or accommodation not used but pre-paid

Details of unused travel or accommodation not used but pre-paid	Amount claimed	Amount (if any recovered)	Date received

Your Insurers' preferred method of settlement is by BACS transfer and if this is convenient to you please complete the following. Alternatively if preferred payment by cheque can be arranged.

Account name: Account number:

Bank name: Sort Code:

DECLARATION

I understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. I confirm that the information given on this form is, to the best of my knowledge and belief, true in every respect and the amounts claimed have not been refunded to me or claimed from any other source.

Signed _____

Date: _____