



Travel Claims Services
PO Box 5775
Southend-on-Sea
Essex
SS1 2JY

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.

Original documents are required and these should be sent Recorded Delivery. You should keep a copy of all correspondence for your own records. We are unable to accept responsibility for items delayed or lost in the post which are sent by First / Second Class Mail.

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,

A handwritten signature in blue ink, appearing to be "J.R.", with a small flourish at the end.

Administered by 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)

webiandgclaims

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

Personal Accident, Personal Liability and Legal Expenses. Travel Claims Services Ltd Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY	Date Sent:		*webiandgclaims*
	Claim Ref : (if known)		

Third Party Contact Details:

Other Insurance

a. 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 or home contents insurance etc.):

YES	NO
-----	----

NB (A contribution payment is normal practice where 2 policies cover the same loss)

b. If yes, please supply the following details:

Company name and address	
Policy number	

Has a claim been submitted to any other company for this incident?

YES	NO
-----	----

Please provide details:

Method of payment for the trip – Please select

Cash	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Credit/Debit card	<input type="checkbox"/>	Reward points/Airmiles	<input type="checkbox"/>
------	--------------------------	--------	--------------------------	-------------------	--------------------------	------------------------	--------------------------

If a Credit/Debit card was used to pay all or some of the trip cost, please state:

Name of card supplier	Card type (e.g. Gold/plat/black)

Previous claims

Have you made any previous claims on this type of insurance?

YES	NO
-----	----

If yes please give details:
