



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

Dear Sir / Madam,

TRAVEL INSURANCE CLAIM

We are writing further to your request for a claim form and are very sorry to note the circumstances described.

In order that our claims team can efficiently handle your claim, without the need for any delays involved in requesting supporting information, would you please forward the following **original** documents that apply to the claim you are making (A tick box is provided for you to clarify the documents you are enclosing):

- Completed and signed claim form attached.**
- Booking invoice.** *This must show the dates and times of your original travel plans and the names of all passengers on the trip. For abandonment claims this should also confirm the total trip cost.*
- A letter from the carrier confirming the exact reason and the length of time that your departure was delayed / that no alternative service could be provided within the time stipulated on your policy.** (Delayed departure and abandonment claims). *This is required for us to confirm that the reason for the delay is covered, and to allow us to calculate the benefit due for each insured person or that the reason to abandon your trip is covered..*
- Cancellation invoice / no show letter / amended invoice.** (Abandonment claims) *This document will show the amount you have been charged for cancelling your trip, that you did not cancel and that no refund is due and/or the cancellation charges applicable to your place on a booking where not all members of the party have cancelled.*
- Documentary evidence from the relevant company / expert as to the cause of the mechanical breakdown to the vehicle in which you were travelling to the airport.** (Missed departure claims) *This is required for us to confirm that the reason for the missed departure, involving the vehicle in which you were travelling, is covered..*
- Documentary evidence to show that the vehicle being used was properly maintained.** (Missed departure claims).
- Or, a letter from the relevant public transport provider confirming the reason for the failure of the services used, as well as the delay / cancellation resulting from this.** (Missed departure claims). *If the missed departure was due to the failure of public transport services this is required to confirm cover.*
- Confirmation invoices and proof of payment for the additional travel and accommodation costs incurred to reach your booked destination.** (Missed departure claims). *This must show the names of the persons incurring the additional costs, the charges for each element of the additional costs incurred and evidence of your payment for this should also be provided.*

Details of any other party who may be responsible for / provide cover for this claim. *This can include other travel insurance policies held with your bank or card provider, and third party details if the cause is due to the actions of another.*

May we kindly suggest that you always keep a copy of your documents and send the originals to us by Recorded Delivery. Please note that data held for the purpose of your claim is destroyed after 6 months to comply with our responsibilities under the Data Protection Act.

In addition, may we advise that where an email address is supplied we will look to communicate by this method to speed up our contact with you. Original documents may still be required by return and should be forwarded to the claims address provided in our communications.

Finally, we would advise that our claims are assessed using the information that you supply to us. We would therefore ask that before submission you fully read through all the evidence being supplied to ensure that this is accurate and relevant to your claim.

We look forward to hearing from you.

Yours sincerely,

A handwritten signature in blue ink, appearing to be 'J.P.', 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)

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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

Travel Delay, Missed Departure and Catastrophe

Travel Claims Services Ltd

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Date Sent:

Claim Ref :
(if known)

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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

Type and amount of claim (please tick):	Travel Delay	Missed Departure	Catastrophe	Amount claimed
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Travel Delay Claims:		Reason for delay:			
Scheduled departure (date and time)				Length of delay (hours and minutes)	
Actual departure (date and time)				Name of Carrier	
Missed Departure Claims:					
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.	
Missed Departure/Catastrophe Claims: Please give full details of the circumstances of the claim (continue on a separate sheet if necessary).					
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
All claims - Other Insurance					
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