



Thank you for notifying us of your claim.

Please complete this claim form and return it to:

Specialty Claims Services

PO Box 51541

LONDON

SE1 0XU

If you need any help in completing this form please contact us on 0870 905 8555.

Claimant Details

Title	Full Name	Date of Birth	Occupation	Usual Country of Domicile

Claimant Address: _____

_____ Postcode: _____

Telephone: _____ E-mail: _____

(E-mail may be used for correspondence if stated)

Insurance Details

Certificate Number: _____

Insurance Company: _____

Address of Broker: _____

Travel Details

Travel Destination: Country: _____

Resort: _____

Hotel: _____

Departure Date: ____/____/____ Return Date: ____/____/____

Purpose of Trip: Business Pleasure

Claim Details

Travel Delay

Reason for the delay: _____

Departure point where delay occurred: _____

Arrival point: _____

Scheduled date and time of departure: ____/____/____ :____ AM PM

Flight/Ferry Number: _____

Airline/Ferry Company: _____

Actual date and time of departure: ____/____/____ :____ AM PM

Flight/Ferry Number: _____

Airline/Ferry Company: _____

Number of hours delay: _____

Have you received any refund/alternative booking from the travel operator? Yes No

If yes, please give details: _____

Missed Departure

Reason for the missed departure: _____

Departure Airport/Port for your trip: _____

Point of connection failure: _____

Method of transport: _____

Means employed to rejoin trip: _____

Additional Expenses being claimed: _____

Have you made a claim/complaint, or received any refund from the operator? Yes No

If yes, please provide a copy of any correspondence.

If your claim is agreed, please state to whom settlement should be made:

Print Payee Name: _____ Preferred Currency: _____

Declaration

I declare that to the best of my knowledge all particulars contained in this form are true and correct. In the event of a third party being liable for loss/damage all rights in this matter are subrogated to Specialty Claims Services on settlement of the claim. If cover exists under any other policy, I give my authority for contribution to be sought from their insurers. I understand that some of the information provided will be made available to other insurers for underwriting or claims handling purposes.

Signed: _____ Date: ____/____/____

Guidance Notes

The following documentation must be provided in order for your claim to be processed.

<i>Item</i>	<i>Enclosed</i>
Your original booking invoice which is sent to you at the time of booking your trip	<input type="checkbox"/>
Your original travel insurance schedule showing the dates of cover and premium paid If you have an annual policy then a photocopy will be accepted.	<input type="checkbox"/>
In respect of Travel Delay Claims:	
Confirmation from the operator of the exact reason, time, and length of delay	<input type="checkbox"/>
In respect of Missed Departure Claims:	
Confirmation from the appropriate authority confirming reason for missed departure (i.e. Breakdown report, traffic report, airline/ferry delay confirmation)	<input type="checkbox"/>
Receipts for the additional travel and/or accommodation costs being claimed	<input type="checkbox"/>
Evidence of refund from tour operator/airline	<input type="checkbox"/>
If you have submitted a claim to another authority, copies of all correspondence	<input type="checkbox"/>