

## TRAVEL ACCIDENT INSURANCE

### IMPORTANT

Please keep a separate note of this claim reference number and quote it whenever you contact us.

Date:

Dear

## BAGGAGE DELAY

Here is your claim form as requested. Please complete it fully and return it to us.

Please check that we have correctly stated your name, initial(s), address and post code and amend if necessary.

The section below details the documents which we need to deal with your claim and some notes which we would ask you to read carefully when completing the form. Thank you.

To process your claim it is essential that we receive a letter from the Airline/shipping company to confirm the scheduled departure time and date, the eventual departure time and date and the exact reason for the delay. If you contract the Airline, you will find it quite routine to obtain this letter, Please ensure it is enclosed.

### VERY IMPORTANT

Please ensure you enclose the following ORIGINAL (not photocopied) documents (if not already sent).

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| a) Proof of insurance, such as your Travel Policy.   | <input type="checkbox"/> | e) As mentioned above. A LETTER FROM THE CARRIER OR TOUR OPERATOR (NOT THE TRAVEL AGENT) stating:-<br>1) THE OFFICIAL CAUSE OF THE DELAY<br>2) THE EXACT PERIOD OF DELAY (Both are essential please). | <input type="checkbox"/> |
| b) ORIGINAL TRAVEL TICKETS (ie. flight coupons/ferry tickets).                               | <input type="checkbox"/> |   |                          |
| c) A numbered certificate or validation receipt or Tour Operators Invoice showing Insurance. | <input type="checkbox"/> | f) As we cannot process your claim without the relevant enclosures, PLEASE ATTACH AN EXPLANATORY NOTE if you cannot comply with any of the above.   | <input type="checkbox"/> |
| d) THE HOLIDAY BOOKING INVOICE or other evidence of holiday/trip cost.                       | <input type="checkbox"/> |   |                          |

### TELECLAIMS

If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to telephone you during the course of our normal working hours (8am - 6pm) to discuss your claim and/or request further details. Please advise us of any relevant numbers on which you can be reached:

or

BLOCK CAPITALS MUST BE USED PLEASE

<p>1. Claimant's title: MR / MRS / MISS / MS.          Forenames: _____          Surname: _____</p>	<p>6. a. The date of policy issued (this is important):          DAY:                      MONTH:                      YEAR:</p>
<p>2. Address:          _____          _____          _____          Post Code: _____</p>	<p>b. The certificate no and prefix:          PREFIX:                      NO:</p>
<p>3. Telephone No. Daytime:                                           Evening:</p>	<p>7. The name of the travel agent who issued the insurance:</p>
<p>4. Occupation:                      Age:</p>	<p>8. The period of your holiday/trip giving total number of days:          From:                      To:          Total no. of days:</p>
<p>5. The destination and country of this holiday/trip:</p>	<p>9. No. of people covered by this policy:</p>
	<p>10. The tour operator from whose brochure you booked          (if relevant):</p>
	<p>11. The day on which your holiday/trip was first booked:          DAY:                      MONTH:                      YEAR:</p>
<p>12. Are any of the details given by you different to those shown on the attached letter. If YES enclose details for amendment.          Y/N</p>	
<p>13. The date you were first aware of the reason leading to the delay.          DATE: _____</p>	
<p>14. Date, time and place from where you were scheduled to receive your baggage(s) (do not forget to attach your booking invoice, tickets and confirmation from the airline/ferry operator).          DATE: _____ TIME: _____ PLACE: _____</p>	
<p>15. Date, time and place when you eventually received your baggage(s).          DATE: _____ TIME: _____ PLACE: _____</p>	
<p>16. The total number of hours/minutes your baggages were delayed.          HOURS: _____ MINUTES: _____</p>	
<p>17. What was the reason given for the cause of delay?          _____          _____          _____          _____</p>	
<p>18. What was your method of travel? i.e. aircraft, ship etc.          _____</p>	

