

## TRAVEL (DELAYED DEPARTURE) CLAIM FORM

Claimant's Name:	Policy Number:
Address	
	Telephone number :
Email address:	
Name, address and telephone number of person	handling claim, if different from above:
Date of booking :	
Booked travel/holiday dates: Outward:	Return:
Please note: Day trips within the Channel Islands or to/f	from the UK are not covered by the Annual travel Policy.
Name of tour operator or Airline :	
Holiday Ref. / Booking Number :	
Scheduled time and date of flight or sailing:	
Actual time and date flight or sailing departed :	
Reason for delay :	
Delayed departure compensation is limited to £40 for each full 12 hours thereafter subject to	£60 per person for the first 12 hours of delay and to a maximum of £250 per person. time the ship, aircraft or train should have left, to the
Total amount of claim : £	
Documents you need to enclose wi	
	rator's original booking confirmation letter), their handling agents) of the actual date and time of
I declare that these particulars are true to the b	est of my knowledge.
Signature :	Date :