

TRAVEL (TRANSPORT FAILURE) CLAIM FORM

Claimant's Name:

Policy Number:

Address:

Tel Number:

Email:

Details of person handling claim if different from above:

Name:

Tel Number:

Address:

Date of booking: DD / MM / YY Name of tour operator or Airline:

Your policy covers additional costs involved following travel disruption to enable an Insured Person to arrive at the outward or homeward international departure point in time for the onward journey, and additional travel and accommodation expenses incurred after arrival at the international departure point too late to join the service on which the Insured Person was booked to travel. For residents of the Channel Islands, cover is also provided for pre-booked flights within the Channel Islands and/or to or from mainland United Kingdom to connect with international or domestic onward flights.

Please note: Day trips within the Channel Islands or to/from the UK are not covered by the Annual travel Policy.

Intended route and scheduled time and date of flight or sailing:

Scheduled date, time and route of travel	Actual date, time, and route of travel	Changes made to travel arrangements	Additional Costs
Sector 1.			
Sector 2.			
Sector 3.			

Reason for delays / missed connection:

Additional Expenditure incurred:

Additional Expenditure	Details	Costs
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Total amount of claim: £

Please attach: Flight tickets or Tour operator's confirmation of booking, together with documentary evidence of delay and/or re-routing provided by the Airline or shipping company and receipts and/or bills for any additional expenditure incurred.

I declare that these particulars are true to the best of my knowledge.

Signature: _____

Date: _____