



# Travel Delay Claim Form

**Claimant's Title:** Mr/Mrs/Miss/Ms  
**Forenames:** \_\_\_\_\_  
**Surname:** \_\_\_\_\_  
**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Postcode:** \_\_\_\_\_  
**Telephone number:** \_\_\_\_\_

**Policy Number**

**Country (ies) Visited:** \_\_\_\_\_  
**Date Insurance was issued:** \_\_\_\_\_  
**Period of Travel:** From: \_\_\_\_\_  
To: \_\_\_\_\_  
Number of days: \_\_\_\_\_  
**Date the trip was first booked:** \_\_\_\_\_  
**Do you have any other insurance that may cover this incident:** Yes / No  
If yes, please provide details: \_\_\_\_\_

**Travel Delay**  
Airport (Port of Departure) \_\_\_\_\_  
Name of Airline: \_\_\_\_\_ Flight number: \_\_\_\_\_  
Date of Scheduled Departure \_\_\_\_\_ Time \_\_\_\_\_  
Date of Actual Departure \_\_\_\_\_ Time \_\_\_\_\_  
Total length of delay \_\_\_\_ hrs \_\_\_\_ mins  
Give reason for delay \_\_\_\_\_

- Required documentation
1. Proof of Insurance
  2. Letter from the carrier confirming the time, length and reason for delay
  3. Travel Tickets or Booking documents confirming the dates of travel

**WARNING**  
The making of a fraudulent or knowingly exaggerated claim is a criminal offence and could render the offender liable to prosecution.  
The information on this form will be used only for the purpose to deal with any claim. We may also pass this and any other information to other insurers and organisations involved in dealing with any claim. We may also share information to prevent fraud.

**INACCURATE DATA**  
If you believe that we are holding inaccurate information about you, please contact the office responsible for administering your claim and they will be happy to correct any errors.

**DECLARATION**  
I/We declare that to the best of my/our knowledge and belief all information as stated herein is correct and that the company is subrogated with all rights I/we may have against a third party.  
I/we have not withheld any information from insurers within my/our knowledge connected with this claim.  
I/we agree that further information / documentation may be reasonably required.  
I subrogate and assign to insurers all rights of recovery / salvage against any persons or organisation and will do whatever else is necessary to secure such rights.

SIGNATURE OF CLAIMANT:..... Date.....