

TRAVEL DELAY CLAIM FORM

**Please return this claim form together with all supporting documentation
Fly-sure Claims Dept, Birchin Court, 3rd Floor, 20 Birchin Lane, London EC3V 9DU Telephone 020 7739 3444**

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Name		Certificate number	
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Further to your request for a Claim Form, please ensure that you complete it fully and return it to us.

PLEASE ENSURE YOU SIGN AND DATE THE FORM ON PAGE 4 ON QUESTIONS WHICH REQUIRE A YES/NO RESPONSE. PLEASE CIRCLE THE APPROPRIATE ANSWER. FAILURE TO DO SO COULD DELAY YOUR CLAIM.

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 time and date and the exact reason for the delay. If you contact the relevant company, you will find it is quite routine to issue such confirmation.

VERY IMPORTANT:

For any claim under this section, please provide a letter from the carrier confirming the time the delay first occurred and the length and reason for such delay.

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

- a. Proof of Insurance, such as your numbered policy schedule (and endorsements if your policy was endorsed) – photocopies are acceptable for annual policies.
- b. Evidence of your trip, such as the trip booking invoice or original travel tickets
- c. As mentioned above, a letter from the carrier or tour operator (not the travel agent) stating (1) the official cause of the delay and (2) the exact period of delay (both are essential please).

Attached (Please Tick)	
YES	NO

EMAIL AND TELECLAIMS

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

e-mail	Telephone

If different from addressee on Page 1, please confirm name and address of claimant

Claimant's title MR/MRS/MISS/MS		Please confirm your Certificate Number.		
Forenames				
Surname				
Address		Date of policy issue (this is important):		
Postcode		DAY:	MONTH:	YEAR:
Telephone Numbers Daytime		The period of your trip		
Evening		From:	To:	
Mobile		Total no. of days		
Email		Number of people covered by this policy:		
Occupation		The tour operator from whose brochure you booked (if relevant):		
Date of Birth				
The destination and country of this holiday/trip:		The day on which your trip was first booked:		
		DAY:	MONTH:	YEAR:

The date and time you were first aware of the reason leading to the delay:		
DATE	TIME	PLACE

Details of scheduled departure:		
DATE	TIME	PLACE



Details of actual departure:

DATE	TIME	PLACE

The total number of hours/minutes you were delayed:

HOURS		MINUTES	

What was the reason given for the cause of delay?

What was your method of travel? (i.e. aircraft, ship etc)

Please name all persons claiming, and the amount.

Name	Amount (£)

Additional Notes:

IMPORTANT NOTICE

In the event of this claim being successful and payment authorised in your favour, the amount being claimed can be paid directly into your bank account using Bank Automated Clearing Services (BACS).

In order to do this the Company will require your bank details. Please complete the information below:

Name of Bank:	
Full Branch Address	
Bank Account Number:	
Sort Code	
Account Name:	

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE DECLARATION

Prior to returning the claim form please study the policy wording and read the terms and conditions as they relate to your claim. Please note neither we nor the insurer and their agents are responsible for the cost of obtaining documentation in support of the claim.

WARNING

The making of fraudulent or knowingly exaggerated claims is a criminal offence and could render the offender liable to prosecution. The information on this form will be used by the insurer and their agents to deal with any claim. The insurer and their agents may also pass this and any other information to other insurers and organisations involved in dealing with any claim. The insurer and their agents also share information to prevent fraud.

PROTECTION OF YOUR PERSONAL DATA

The security of your personal information is very important to us and we are compliant with all current data protection legislation. All personal information that you supply to us either in respect of yourself or other individuals in connection with this claim will be treated in confidence by the insurer and their agents and will be held by us for the purpose of providing and administering your claim. This may involve the collection and processing of sensitive data (as defined in the Data Protection Act 1998) and if you complete an application form for our products and/or services you will be giving your consent to such information being processed by the insurers and their agents.

It may be necessary to pass your personal and sensitive data to other companies for processing on behalf of the insurer and their agents. Some of these companies may be based outside Europe in countries which may not have the laws to protect your personal data, but in all cases the insurer and their agents will ensure that it is kept securely and only used for the purposes for which it was provided.

INACCURATE DATA

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

DECLARATION. PLEASE CIRCLE "YES" TO CONFIRM YOU HAVE READ AND UNDERSTOOD EACH LINE:

I/We declare that the information contained within this claim form is true and correct to the best of my/our knowledge and belief	YES / NO
I/We have not withheld any information or documentation from insurers within my/our knowledge connected with the claim.	YES / NO
I/We agree to provide further information or documentation as may be reasonably required.	YES / NO
I/We assign to insurers all rights of recovery / salvage against any person or organisation and will do whatever else is necessary to secure such rights	YES / NO

Signature of Claimant		Date	
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