



TRAVEL (DELAYED DEPARTURE) CLAIM FORM

Claimant's Name: _____ Policy Number: _____

Address: _____

_____ Telephone Number: _____

Name, address and telephone number of person handling claim, if different from above:

Date of booking : _____

Booked holiday dates : From: _____ To: _____

Please note: day trips within the Channel Islands or to/from the UK are not covered by the Annual Travel policy.

Name of tour operator or Airline : _____

Holiday Ref. / Booking No.: _____

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 £60 per person for the first 12 hours of delay and £20 for each full 12 hours thereafter subject to a maximum of £140 per person.

The length of the delay will be from the date and time the ship, aircraft or train should have left, to the actual time of departure.

Total amount of claim : £ _____

Please attach your airline flight tickets (or tour operator's original booking confirmation letter), together with written confirmation from the carrier (or their handling agents) of the actual date and time of departure and reason for the delay.

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

Signature : _____

Date : _____