



TRAVEL (TRANSPORT FAILURE) 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 : _____ 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.
1)			
2)			
3)			

Reason for delays / missed connection : _____

Additional Expenditure incurred :

Additional Expenditure.	Details.	Costs.

Total amount of claim : £ _____

Please attach either tour operator's original letter of confirmation of booking, or your Airline flight tickets, together with documentary evidence of delay and/or re-routing provided by the Airline or Shipping company, and the additional costs involved.

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

Signature : _____

Date : _____