

Policy Number: _____

Personal Details of all people claiming

Title	Full Name	Date of Birth	Occupation	Usual Country of Domicile

Contact Details

Claimant Address: _____

Postcode: _____

Daytime Telephone: _____

Email Address: _____

Wherever possible we will try and communicate with you by Email or telephone for a quicker service.

Travel Details

Travel Destination: _____ Country: _____

Resort: _____

Date of booking: _____

Departure date: _____

Return date: _____

Purpose of Trip: Business Pleasure Other

If you are on a multi destination trip please list all the countries visited?

Dual Insurance Details

Please confirm if you or anyone else claiming has any other insurance policy that may cover this event. This may include cover provided by your household insurer, Credit Card Company, bank account or travel booking agent.

Yes

No

If Yes please provide details of the other company including where relevant full contact details, policy number or bank account number.

Please note there is an agreement between most travel and household insurers that if we seek a contribution of any outlay made by Accident & Health Claims Services LLP then your "No-Claims" status will not be impacted.

For Medical Related Claims:

I authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Accident & Health Claims Services Limited. I understand that in executing this authorisation, I waive the right for such information/records to be privileged. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.

Name

Signed

Relationship to claimant if applicable

Dated

If your claim is agreed how would you like to be paid?

- Please note payment directly into your bank account will be quicker than sending a cheque.
- If the payee name differs from the Assured as stated on the Schedule of Insurance a mandate on the Assured's letter headed paper will be required before payment can be issued.
- For payments into non UK bank accounts we can only arrange payment into the final receiving bank and not through an intermediary.

Preferred Payment Method	Bank Details
<input type="checkbox"/> Cheque	<input type="checkbox"/> Confirm Payee: _____
<input type="checkbox"/> BACS (UK Bank Accounts only)	<input type="checkbox"/> Name of Account Holder: _____ Account Number: _____ Sort Code: _____
<input type="checkbox"/> Wire Transfer (payments into Non UK bank Accounts)	<input type="checkbox"/> Bank Swift Code: _____ For payments to all countries. Bank IBAN : _____ For payments to all European countries. Account Number: _____ Name of Account Holder: _____ Country of Bank: _____

Travel Delay and Journey Continuation

To support your claim you will need to send us the following original documents, please keep copies for your own records.

Travel Delay Claims – A letter from the airline, boat, ferry, coach or train operator you were booked to travel with which confirms the length of the delay and the exact reason for it.

Journey Continuation – A letter if applicable from the relevant authority confirming the reason for the delay and original receipts for the additional expenses incurred.

Travel Delay		Journey Continuation	
Scheduled date of departure	dd/mm/yy	Scheduled date of departure	dd/mm/yy
Scheduled time of departure	--:-- AM/PM	Scheduled time of departure	--:-- AM/PM
Actual date of departure	dd/mm/yy	Actual date of departure	dd/mm/yy
Actual time of departure	--:-- AM/PM	Actual time of departure	--:-- AM/PM
Length of Delay		Reason for Delay	
Name of Carrier		Have you made or received a refund for any of the additional costs claimed from another party?	
		YES	NO
Flight Number		If YES to whom?	

For Journey Continuation Claims only

Please provide details of the additional expenses incurred?