Policy	Number:
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Personal Details of all people claiming

Title	Full Name	Date of Birth	Occupation	Usual Country of Domicile		
		Co	ntact Details			
Claima	ant Address:					
		Postco	ode:			
Daytin	ne Telephone:					
Email	Address:					
Wherev	ver possible we will try and com	municate with you by Ema	il or telephone for a quicker se	rvice.		
		T	and Dataila			
		Ira	vel Details			
Tra	vel Destination:	Country:				
		Resort:				
Dat	e of booking:					
Dep	parture date:					
Ret	urn date:					
Pur	pose of Trip:	Business	Pleasure Other			
If y	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 insures 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	
Cheque	Confirm Payee:	
BACS (UK Bank Accounts only)	Name of Account Holder: Account Number: Sort Code	
Wire Transfer (payments into Non UK bank Accounts)	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:	

Declaration

All Claimants over the age of 16 must sign below otherwise the claim form will need to be returned to you and this will result in a delay in handling your claim.

It is against the law to submit a fraudulent insurance claim which includes deliberately exaggerated claims. All types of fraud are taken seriously and if your claim if found to be in any way fraudulent then the claim will be declined and the Underwriters of the policy reserve the right to pursue a recovery by the use of civil action.

- I/We hereby declare that all information, documents and answers to questions given on this claim form are correct and true to the best of my/our knowledge. I/We have not omitted any information which would affect the Underwriters judgment of the claim.
- I confirm that where a claim or claims are made on behalf of others, I have the other claimant's full authority to act on their behalf and I confirm that I understand that neither Accident & Health Claims Services LLP nor the Underwriters of the Insurance will accept any responsibility if any payments are not distributed proportionately to the persons concerned.
- I/We understand that the information on this form will be passed to or used by Accident & Health Claims Services LLP for my insurance; this includes underwriting, processing, handling claims and preventing fraud. This could include passing details to agents or other Insurers.
- I/We subrogate all rights of recovery to Accident & Health Claims Services LLP and also consent to them seeking reimbursement of any claims expenses paid by them.
- I/We agree to Accident & Health Claims Services LLP to contact my household insurers or medical insurers or other travel insurers regarding a contribution.

I agree that I have read and fully understood the above declarations.

aimant Signature	Date Signed
	imant Signature

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?