

Travel Delay/Disruption Claim Form



Please complete all relevant sections of this Claim Form and return to:

P J Hayman Claims Department, Stansted House, Rowlands Castle, Hampshire PO9 6DX

Claim Number (for office use only)

If you require a large print version, please call **02392 419 020**

Please use **BLOCK CAPITALS** when filling in your form. Any Instance where there is insufficient space for your answers within this form please use a separate piece of paper.

Check List of Required Documents

Please send **Originals** (you may retain copies for your records). Please tick against documentation enclosed.

- Insurance Schedule (if you have an Annual Insurance a copy would be sufficient)
- Holiday Booking Invoice showing the date holiday/trip booked, persons travelling, departure times and travel dates.

Travel Delay

- Letter from the Airline/Carrier confirming the duration of the delay and the reason for the delay.
- In the event of you abandoning your trip due to the delay please forward the Original Cancellation Invoice from the Tour Operator/Travel Agent (showing any refund received).

Travel Disruption

- Letter from the Airline/Carrier confirming the duration of the delay and the reason for the delay.
- In the event of your Planned Travel Arrangements being disrupted please forward the Original Receipts/Proof of Payment for the incurred additional travel and accommodation expenses (only).
- Written report from the appropriate authorities confirming the disruption to your pre-planned travel arrangements.

Photocopies are not acceptable when processing your claim, however some original documentation can be returned if, requested.

Claimant/Contact Details:

Claimant Name:
Name of Person handling the claim: (if different to above)
Address for Correspondence:
 Postcode: Tel No:
Email address:

Please list all persons claiming covered by this policy:

| | | |
|------|------|------|
| NAME | NAME | NAME |
| NAME | NAME | NAME |

Planned Travel Dates: Outward Journey: Return Journey:

Insurance Policy Details:

Name of Travel Insurance: (e.g. Travel Plus)
Travel Insurance Policy Number: Date Insurance Purchased:

Travel Delay

Please confirm the reason for the Delay:

When were you first made aware of the Delay?

Time: Date:

Original Scheduled Departure Details: Date: Time:

Departure Point: Destination: Flight/Ferry No.:

Actual Departure Details: Date: Time:

Departure Point: Destination: Flight/Ferry No.:

Total Number of Hours/Minutes Delay: Hours: Minutes:

ABANDONMENT - you only need to complete this section if your outward journey was delayed and you chose to abandon your holiday/trip.

Date decision made to abandon the holiday/trip: Time:

Amounts Claimed (all original Receipts/Invoices must be supplied to support the claim).

Amount Paid for Holiday (Per Person)

Total Holiday cost

Refunds received/due from Tour Operator (due to abandonment)

Total Amount Claimed (insurance premium is not refundable)

Travel Disruption

Details of costs incurred to reach the final destination or to reach home.

| Bill Number (if you have more than one bill please number them for ease of reference) | Type of Expense (e.g. Travel / Accommodation) | Amount Paid (and currency used) | How was Payment Made? (Cash/Credit Card) | Office use only |
|--|--|------------------------------------|---|-----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| Total | | | | |

How did you originally intend to travel to the airport / ferry terminal? (e.g. car, coach, train etc)

Original Date and Time for Check-In: Date: Time:

Departure Point: Destination: Flight/Ferry No.:

Actual Departure Details: (please indicate name of Airport/Ferry terminal etc.)

Date: Time: Flight/Ferry No.:

Departure Point: Destination:

When did you leave to reach your planned departure point? Date: Time:

When did you finally reach your intended destination? Date: Time:

How did you originally plan to reach your final destination or home? (e.g. taxi/coach from the airport)

Settlement Method - Please indicate your preferred method to receive settlement payments: Cheque Bank Transfer

Bank Name/Address

Sort Code

Name on Account Account number

Declaration - I declare that to the best of my knowledge and belief all information provided is correct. I understand that some of the information I have provided will be made available to other insurers for claims handling purposes. I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the giving of such information. I agree that I will supply all requested, necessary documents in support of my claim.

Signature: Date: