

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 <small>(if you have more than one bill please number them for ease of reference)</small>	Type of Expense <small>(e.g. Travel / Accommodation)</small>	Amount Paid <small>(and currency used)</small>	How was Payment Made? <small>(Cash/Credit Card)</small>	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: