



International Travel Protection

Claim Form Travel Delay/ Disruption

Here is your Claim Form, as requested. Please complete it fully and return it to us.

Please ensure that you quote the Claim Number shown opposite on all correspondence.

CLAIM NO.

Personal details (required for all claims)

Surname _____

Forename(s) _____

Title _____ National Insurance No. _____

Date of Birth _____

Telephone No. Day _____

Evening _____

Home address _____

_____ Postcode _____

E-mail _____

Policy details (required for all claims)

Policy number

Date of booking

Name of Travel Agent

Company name
(if applicable)

Date of travel

Name of Tour Operator

Date of issue

Date of return

Destination

Claim details

Date you became aware of possible delay/disruption

DATE

TIME

Length of delay: hours

minutes

Scheduled check-in _____

Actual Check-in _____

Scheduled departure _____

Actual departure _____

Method of transport to international departure point _____

Reason for delay/disruption _____

Please Note

- We require a letter from the Carrier or Tour Operator (NOT THE TRAVEL AGENT) stating:**
 - the official cause of the delay; and**
 - the exact period of delay.**
- We require original travel tickets, boarding passes etc.**
- If you are claiming for missed departure, we require documentary evidence about the circumstance and financial outlay made.**

ETI – International Travel Protection

Claims Service

14th Floor, Leon House
201-241 High Street
Croydon CR9 1ER, England
Tel: +44 (0) 870 2415039
Fax: +44 (0) 870 2415038
E-mail claims@travel-insurance.com

The Financial Ombudsman Service

South Quay Plaza 2
183 Marsh Wall
London E14 9SR
www.financial-ombudsman.org.uk

The Association of British Insurers

51 Gresham Street
London, EC2V 7HQ
www.abi.org.uk

ETI was licensed by DTI (Department of Trade and Industry) in 1994 to conduct general insurance business in the UK and is now supervised by The Danish Insurance Supervisory Authorities – www.finstilsynet.dk

ETI is a Branch of Europaeiske Rejseforsikring A/S, a company incorporated in Denmark – www.europaeiske.dk

ETI is registered in England, Reg. Branch No. BR002862 and Company No. FC018451. www.travel-insurance.com

Additional expenses

Date	Description	Provider	Local currency	UK equivalent	Paid YES/NO

Please provide us with details of ANY credit cards which YOU hold e.g. Visa Gold Card from Barclaycard

Claimants declaration and signature

- 1) I declare that all details and particulars given in respect of the claim(s) made herein constitute a true and accurate statement.
- 2) To the best of my knowledge and belief I have not omitted any material information which would affect the insurers assessment of this claim.
- 3) I confirm that where a claim or claims are made in respect of others, I have their full authority to act on their behalf. I also confirm that they have been advised that 'ETI' will not accept any liability if any payments are not distributed proportionately to the persons concerned.
- 4) I am aware that an insurance claim made in the knowledge that any element thereof is fraudulent is a criminal offence and that this will invalidate the policy and will render me liable to prosecution.

- 5) I am, by this notice, aware that 'ETI' will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties ETI maintain all data in accordance with the provisions of the Data Protection Act, 1984.

DATA PROTECTION ACT

The insurance industry operates a number of anti fraud initiatives. The information given on this form may be stored electronically and shared with other organisations for this purpose. If you would prefer the information given here not to be used in this way, you should tick this box.

I have read and understand the declarations above

Claimant(s) full name(s)

Claimant(s) signature(s)

Date

X

Full name of an authorised representative of the corporate policy holder (corporate and/or educational group cover)

Signature of authorised representative

Date

X