

travel insurance claim form

MISSED DEPARTURE, ABANDONING YOUR TRIP, TRAVEL DELAY, SECURING YOUR HOME AND PET COVER

- Please ensure you provide all requested information and documentation
- Please keep a copy of your claim
- Usually we'll respond to your claim within 10 working days from the day we receive it

return address: Right Cover – claims team
PO Box 9386, Chelmsford, Essex, CM1 9BD

OFFICE USE ONLY: **NEW** **EXISTING**

Claim number:

Date received:

your details

Title First name

Surname

Date of birth Passport number

Occupation

Email address

Home address

County Postcode

Home phone Mobile

Work phone Fax

Name of your travelling companion Their contact number

your policy

Policy number Date issued

Travel agency name and location Travel consultant's name

Date insurance paid for Date travel arrangements booked

Date departed Date returned

your health

Did you apply and pay for any Existing Medical Condition cover?
Yes No

If **Yes**, please provide the reference number below

other insurance/claims

Can you claim/have you claimed from any other source? (e.g. airline, transport provider, travel agent, third party etc.) Yes No

Details Amount received
 £

Do you have private health insurance? Yes No

Name of fund Policy number

Can you claim from them for this event? Yes No

If **Yes**, include your statement of benefits giving evidence of the amount received.

Have you made a travel insurance claim in the past? Yes No

If **Yes**, please give details
Date Company name

Amount claimed Type of claim
£

Certain credit cards may provide basic travel insurance cover which may also cover your loss. Do you have credit card/s? Yes No

If **Yes**, with which provider and which card type/s?
Provider (e.g. Barclays) Type (e.g. Gold Visa)

Did you purchase part or all of your travel on the card/s? Yes No

settlement of your claim

We will deposit the amount payable directly to the bank account you nominate.
NOTE: We cannot deposit to credit card or non-UK accounts.

Sort code (must be 6 digits) Account number (must be 8 digits)

Name of account holder Name of bank

warning

To avoid passing the cost of dishonest and fraudulent claims on to you, our honest policy holder, we are strongly committed to investigating claims. All cases of fraud will be reported to the Police and can also result in civil action by the insurers.

your declaration

I/we declare that all statements and particulars stated on this form and all documents submitted are true and correct. I/we have not withheld any material information connected with this claim that will inhibit the insurers ability to make a fair and reasonable assessment of my claim.

I/we assign to insurers all rights of recovery/salvage against any person or organisation and will cooperate to secure such rights.

I/we acknowledge that the underwriter or it's agents may give to and obtain from any other insurer or insurance reference bureau, information relating to this or any other insurance held by me/us, or any claim made by me/us and I also authorise any other insurer to provide information relating to this or any claim made by me.

Your name Your name

Signature Signature

Date Date

please tell us what happened in as much detail as possible

Date of incident Time am/pm Country Town Whereabouts

Explanation (Please attach a letter if more space is required)

What action did you take following this event?

Number of people insured on this policy affected by this event

Name/s

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missed departure

Time you left your home (or place of stay if on your trip already)

How much time did you allow to reach your departure point?

am/pm

Scheduled departure

Date Time am/pm Mode of transport

Actual departure

Date Time am/pm Time you checked in

Scheduled arrival

Date Time am/pm Transport provider name

Actual arrival

Date Time am/pm Length of delay

Evidence that the vehicle you were travelling in was involved in an accident or if the vehicle had broken down provide evidence that it was properly maintained.

Description of amount claimed	Amount Claimed £

travel delay

From the ORIGINAL Departure point (do not include delays due to any knock on effect)

Scheduled departure

Date Time am/pm Mode of transport

Actual departure

Date Time am/pm Time you checked in

Scheduled arrival

Date Time am/pm Transport provider name

Actual arrival

Date Time am/pm Length of delay

pet cover and securing your home

Scheduled departure

Date Time am/pm Mode of transport

Actual departure

Date Time am/pm Time you checked in

Scheduled arrival

Date Time am/pm Transport provider name

Actual arrival

Date Time am/pm Length of delay

Description of amount claimed	Amount claimed £

details of the amount claimed

To be completed by your travel agent*

NB: Failure to supply the required documentation will result in the delay of the claim process.

	Name of supplier	Amount paid	Cancellation Costs	OR	Amendment costs
			Amount refunded by supplier	Cancellation costs	
Flights (excluding taxes)			-	=	
			-	=	
			-	=	
Flight taxes			- Fully refundable by the airline	=	£0
			-	=	
Packages			-	=	
			-	=	
			-	=	
Accommodation, car hire, rail passes etc.			-	=	
			-	=	
			-	=	
	TOTAL				

IMPORTANT: REQUIRED DOCUMENTATION

Please supply an Itinerary/Tax Invoice showing the breakdown of the flight fare and taxes.

Include a copy of the original itemised invoice, showing all arrangements booked.

Include a copy of the refund advice/invoice showing the amount charged and amount refunded.

Include copies of the booking conditions showing published cancellation penalties.

If a flight or any vouchers etc are 100% non-refundable, the original tickets or vouchers must be sent with your claim form.

To be completed by your travel agent (If applicable):

I certify that the information stated on this form is true and correct

Travel consultant's name

Travel consultant's signature

Travel agency store name and address

Date

Phone

Fax

Email address

abandoning your trip

Scheduled departure

Date

Time

 am/pm

Mode of transport

Scheduled arrival

Date

Time

 am/pm

Transport provider name

Actual departure

Date

Time

 am/pm

Time you checked in

Actual arrival

Date

Time

 am/pm

Length of delay

