

## Travel & Wintersports Insurance Claim Form for

### TRAVEL DELAY, ABANDONMENT AND MISSED DEPARTURE

Please complete this form, send it with all supporting documents (documents may be sent on at a later date if necessary) to **International Medical Rescue, 15 East Links, Tollgate, Eastleigh, Hampshire, SO53 3TG** or [claims@im-rescue.com](mailto:claims@im-rescue.com) It will usually take about a week to 10 days for a claim to be processed. You can also contact the claims department on 0345 122 3280 24 hours a day, 7 days a week.

Please note this must be done within 31 days of the date of loss. Late claims maybe repudiated.

- |   |  |  |
|---|--|--|
| <p>a) Proof of insurance, such as certificate of Tour Operator's invoice.      Yes <input type="checkbox"/>      No <input type="checkbox"/></p>                            |  | <p>d) Travel Delay or Abandonment      Yes <input type="checkbox"/>      No <input type="checkbox"/><br/> A letter from the carrier or tour operator (not travel agent) stating:-<br/> 1) The cause of the delay.<br/> 2) The period of delay.</p> |
| <p>b) Original travel tickets e.g. flight coupon, ferry or coach tickets.      Yes <input type="checkbox"/>      No <input type="checkbox"/></p>                            |  | <p>e) Missed Departure      Yes <input type="checkbox"/>      No <input type="checkbox"/><br/> A letter from the carrier or tour operator (not travel agent) substantiating the circumstances and costs.</p>                                       |
| <p>c) Holiday booking invoice or other documents issued as evidence of holiday/trip costs and dates.      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> |  |  |

#### SIGNATURE

Please sign and date the form on the final page.

#### TELECLAIMS

If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to telephone you during the course of our normal working hours to discuss your claim and/or request further details. Please advise us of numbers on which you can be reached:

.....or.....

**Failure to produce these documents above will delay the processing of your claim**

PLEASE USE BLOCK CAPITALS

1. Claimant's title.....  
Forenames: .....  
Surname: .....

2. Home Address:  
.....  
.....  
.....  
Post Code: .....  
Contact e-mail:.....

3. Contact Telephone No.  
Home:  
Mobile:

4. Occupation:                      Date of Birth:

5. The destination and country of this holiday/trip:

6. a. The date the insurance issued

b. Policy reference no. or certificate no.

7. The period of your holiday/trip giving total number of days.  
From:    To:  
Total no. of days:

8.. No. of people covered by this policy:

9. The tour operator from whose brochure you booked (if relevant):

10. Date holiday/trip booked:

11. Please show date you were first aware of the reason leading to the delay.  
Date:

12. Date, time and place from where you were scheduled to depart (please attach your booking invoice, tickets and confirmation from the airline/ferry operator).

13. Date, time and place when you eventually departed.

14. The total number of hours/minutes you were delayed.

15. What was the reason given for the cause of delay?

16. What was your method of travel?

**PLEASE USE BLOCK CAPITALS**

17. Please name all persons claiming and the amount(s).

NAME:	AMOUNT (£)
NAME:	AMOUNT (£)
NAME:	AMOUNT (£)
NAME:	AMOUNT (£)
NAME:	AMOUNT (£)
NAME:	AMOUNT (£)

18. Was your trip eventually abandoned? Yes  No

If Yes, please submit the Tour Operator's booking invoice and/or unused tickets etc, and give date and time abandoned.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

If you are claiming for missed departure please complete the following, and show the full circumstances surrounding the incident and providing us with an itemised breakdown of the costs incurred.

Circumstances of missed departure: \_\_\_\_\_ (please continue overleaf if necessary)

Costs incurred: \_\_\_\_\_ (please continue overleaf if necessary)

**PLEASE USE BLOCK CAPITALS**

Please provide your bank account details:

Name of Account holder:

.....

Name of Bank:

.....

Account Number:

.....

Sort Code:

.....

Type of Account e.g. Gold:

.....

**ADDITIONAL NOTES**

## And Finally.....

To finalise your claim please sign the declaration below, however before doing so please read the following carefully:-

- Please study the policy wording and read the terms and conditions that relate to your claim.
- You are responsible for the cost of obtaining any documentation in support of your claim.
- This Insurance contains rights of subrogation and I confirm I assign to insurers all rights of recovery/salvage against any person or organisation and will do whatever necessary to secure such rights.
- Information on this form will be used by insurers to deal with any claim. Insurers may also pass this and any other information to other insurers and organisations involved in dealing with any claim. Insurers also share information to prevent fraud.

### DECLARATION

I declare that, to the best of my knowledge and belief, all information stated herein is correct and that the insurance company is subrogated with all rights I may have against any third party(s).

I have not withheld any information from insurers within my knowledge connected with my claim.

I agree to provide further information or documentation that may be reasonably required.

SIGNATURE OF CLAIMANT: ..... DATE:.....

SIGNATURE OF PARENT/GUARDIAN:..... DATE:.....

RELATIONSHIP:.....

CONTACT NUMBER:.....

CONTACT EMAIL:.....

### Warning

Making a fraudulent or knowingly exaggerated claim is a criminal offence and could render the offender liable to prosecution.

### Copy

Please take a copy of this claim form and any attachments for your records and send the original with all supporting documents to **International Medical Rescue, 15 East Links, Tollgate, Eastleigh, Hampshire, SO53 3TG**