

Dear Sir/Madam,

We understand that you need to make a claim on your travel insurance policy.

To ensure we can assess and finalise your claim as quickly as possible and to avoid unnecessary delays, please follow these simple steps:

1. Completing your claim form:

- Fully complete the enclosed claim form in as much detail as possible.
- Please write clearly.
- Please submit your claim within 31 days of your return date.

2. What you need to include with your claim form:

- Use the checklist and obtain all the required ORIGINAL documents to substantiate your claim. Copies are not acceptable unless indicated.
- Any other documentation and information you want us to consider.

3. Before you send your claim:

- Double check your claim is complete and sign the declaration on page 1.
- We recommend you keep a copy of your claim for your own records.

4. Where to send your claim:

- *Please post your claim to:*

Customer Care Claims Department
PO Box 9180
Chelmsford
Essex
CM1 9AG

- For your peace of mind you may wish to consider using Recorded or Special Delivery.

Once we receive your claim we aim to correspond with you within ten business days.

If you have any queries, please don't hesitate to contact us for assistance*.

Kind regards,

Cover-More Insurance Services Limited.

* Calls may be recorded or monitored for reference and training purposes.

Cover-More Insurance Services Limited
United Kingdom • Australia • New Zealand

Level 2, 31 Springfield Road, Chelmsford, Essex, CM2 6JE
p 01245 272408 f 01245 272400 e enquiries@covermore.co.uk

www.covermore.co.uk

...making travel insurance easy

Travel Insurance Claim Form (UK)

THIS PAGE MUST BE COMPLETED FOR ALL CLAIMS

- Please ensure you provide all requested information and documentation. If you need help with your claim please telephone us. If you don't provide what is required your claim may be delayed or not paid.
- Please keep a copy of your claim.
- We shall respond to your claim within ten business days from the day we receive it.

OFFICE USE ONLY: NEW EXISTING

Claim Number:

Date received:

Your Details

Please tick preferred option for correspondence Email Post

Title First name

Family name

Date of Birth Passport Number

Occupation

Email Address

Home Address

County Post Code

Home Phone Mobile

Work Phone Fax

Name of Your Travelling Companion Their contact number

Your Policy

Policy Number Date Issued

Travel Agency Name & Location Travel Consultant's Name

Date insurance paid for Date travel arrangements booked

Date departed Date returned

Your Health

Did Self Assessment of an Existing Medical Condition apply to you?

Yes No

If yes, advise that condition:

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

If yes, please provide the reference number below:

Settlement of Your Claim

Write Clearly To Avoid Delays

If your claim is approved for payment we will deposit the amount payable directly to a 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

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

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. We try to conduct/ finalise investigation quickly and with minimal disruption. If your claim is found to be fraudulent the claim will be declined. All cases of fraud will be reported to the Police and can result in imprisonment and civil action by the insurers.

Your Declaration: Important

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.

Claimant's Name

Signature

Date

ALL CLAIMS: Please tell us what happened in as much detail as possible

| | | | | |
|----------------------|----------------------------|----------------------|----------------------|----------------------|
| Date of incident | Time | Country | Town | Whereabouts |
| <input type="text"/> | <input type="text"/> AM/PM | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Missed Departure

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

| | |
|----------------------|---------|
| <input type="text"/> | AM / PM |
|----------------------|---------|

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

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Scheduled Departure

| | | |
|----------------------|------------------------------|----------------------|
| Date | Time | Mode of transport |
| <input type="text"/> | <input type="text"/> AM / PM | <input type="text"/> |

Actual Departure

| | | |
|----------------------|------------------------------|------------------------------|
| Date | Time | Time you checked in |
| <input type="text"/> | <input type="text"/> AM / PM | <input type="text"/> AM / PM |

Scheduled Arrival

| | | |
|----------------------|----------------------|-------------------------|
| Date | Time | Transport provider name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Actual Arrival

| | | |
|----------------------|------------------------------|----------------------|
| Date | Time | Length of delay |
| <input type="text"/> | <input type="text"/> AM / PM | <input type="text"/> |

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 | Mode of transport |
| <input type="text"/> | <input type="text"/> AM / PM | <input type="text"/> |

Actual Departure

| | | |
|----------------------|------------------------------|------------------------------|
| Date | Time | Time you checked in |
| <input type="text"/> | <input type="text"/> AM / PM | <input type="text"/> AM / PM |

Scheduled Arrival

| | | |
|----------------------|------------------------------|-------------------------|
| Date | Time | Transport provider name |
| <input type="text"/> | <input type="text"/> AM / PM | <input type="text"/> |

Actual Arrival

| | | |
|----------------------|------------------------------|----------------------|
| Date | Time | Length of delay |
| <input type="text"/> | <input type="text"/> AM / PM | <input type="text"/> |

Pet Cover & Securing Your Home

Scheduled Departure

| | | |
|----------------------|------------------------------|----------------------|
| Date | Time | Mode of transport |
| <input type="text"/> | <input type="text"/> AM / PM | <input type="text"/> |

Actual Departure

| | | |
|----------------------|------------------------------|------------------------------|
| Date | Time | Time you checked in |
| <input type="text"/> | <input type="text"/> AM / PM | <input type="text"/> AM / PM |

Scheduled Arrival

| | | |
|----------------------|------------------------------|-------------------------|
| Date | Time | Transport provider name |
| <input type="text"/> | <input type="text"/> AM / PM | <input type="text"/> |

Actual Arrival

| | | |
|----------------------|------------------------------|----------------------|
| Date | Time | Length of delay |
| <input type="text"/> | <input type="text"/> AM / PM | <input type="text"/> |

| 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.

| | | Cancellation Costs | | | OR | Amendment costs |
|---|------------------|--------------------|-----------------------------|---------------------------------|--------------------|-----------------|
| | Name of supplier | Amount paid | 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.

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

Abandoning Your Trip

| | | | | | |
|---|--|--|--|--|--|
| Scheduled Departure Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time <input type="text"/> AM / PM Mode of transport <input type="text"/> | | | Scheduled Arrival Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time <input type="text"/> AM / PM Transport provider name <input type="text"/> | | |
| Actual Departure Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time <input type="text"/> AM / PM Time you checked in <input type="text"/> AM / PM | | | Actual Arrival Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time <input type="text"/> AM / PM Length of delay <input type="text"/> | | |

