

Travel Claim Form



Delay/Missed Departure/ Personal Liability

Guidance Notes – Delay/Missed Departure/Personal Liability

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted).

You should read and sign the declaration and refer to the guidance notes overleaf for details of what we require.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

We are committed to ensuring our customers get the right help when they need it. If there are any specific circumstances or requirements that you think we should know about, such as a disability, financial hardship, bereavement — or anything else, then please let us know.

Please return the completed claim form to your Insurance Agent. Thank you for your co-operation.

ALL CLAIMS We require the following documentation

- The Tour Operator’s and/or service providers Booking Invoices.
- Any tickets (used or unused) that relate to this trip.
- A copy of your certificate of Insurance.

Delay

- The Carrier’s confirmation of the delay. This must show scheduled and actual times/dates of departure and arrival together with the cause of delay.
- If you chose to cancel your trip you must submit the cancellation invoices and booking conditions in support of all amounts claimed.

Missed Departure

- Evidence to show the delay in your journey. If this arose from a car breakdown this may be in the form of a garage or emergency service report of the breakdown and call-out. If it arose from a delay of public transport then a confirmation from the transport provider will be required.
- Receipts to show the expenses incurred.

Personal Liability

- Any correspondence you receive must be passed to us unanswered. You should not admit liability nor make any payment.
- If a payment has been made, you should submit any receipt you received. You should note however that the making of a payment contravenes policy conditions and your expenditure may not be refunded.

CHECK LIST

The following is provided for your convenience to enable you to check that you have sent the appropriate information to us.

Booking Invoice	<input type="checkbox"/>	Claim Form	<input type="checkbox"/>
Booking Conditions	<input type="checkbox"/>	Confirmation of Delay	<input type="checkbox"/>
Garage/Emergency Service Report	<input type="checkbox"/>	Insurance Certificate	<input type="checkbox"/>
All used/unused Tickets	<input type="checkbox"/>	Cancellation Invoice	<input type="checkbox"/>
Expense Receipts	<input type="checkbox"/>		
Date claim form posted	<input type="text"/>		
Policy Number	<input type="text"/>	Date Issued	<input type="text"/>
Insurance Issued by (Agent’s	<input type="text"/>		
name and address)	<input type="text"/>		
		Postcode	<input type="text"/>
Date Trip Booked	<input type="text"/>	Date of Departure	<input type="text"/>
		Date of Return	<input type="text"/>

Insured's Surname Initial Title (Mr/Mrs/Miss/Ms, etc) D.O.B

Address for correspondence

Postcode

Occupation Home Tel. No. (inc. STD) Work Tel. No. (inc. STD)

DELAY

Flight Number Cause of Delay

Scheduled time of departure am/pm on (date)

Scheduled time of arrival am/pm on (date)

Actual time of departure am/pm on (date)

Actual time of arrival am/pm on (date)

If you decided to cancel your trip please confirm:

Total Trip Cost (excluding insurance premiums) £

Amount refunded to you from other sources £

Amount Claimed £

MISSED DEPARTURE

Please detail the reasons for you being unable to arrive in time to undertake your travel arrangements.

Please ensure that you include times where appropriate.

Expenses Incurred

Date Expense incurred	Name & Address of Service Provider	Nature of Expense (Travel/Accommodation)	Amount of Expense Please indicate clearly the currency	Paid by You? Yes/No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL LIABILITY

Please give a detailed description of the events surrounding the claim against you

Please give details of all property damage in the incident together with the name and address of the owners of this:

continued

Was anyone injured in the incident? Yes ☐ No ☐

If Yes, please provide

Injured person(s)

Name(s)	Ages	Address(es)

Nature and extent of injuries

Amount paid to any third party

Please indicate why this payment was made

Are you aware of any other insurance that might cover you for your legal liability to others in these circumstances?

Yes ☐ No ☐

If Yes, please provide

Insurance Company	
Name	
Address	
Policy Number	

DECLARATION

I understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. I confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

You must read the declaration before signing

Signed

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Date

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IMPORTANT NOTICE TO ALL CLAIMANTS

In the event that your claim is successful, we shall most likely issue payment by BACS transfer directly into your bank account, as this is both a faster and more secure form of payment.

Can you please complete the boxes with your bank account number, bank sort code, bank name and bank address ensuring our claims reference is quoted.

Arch utilise an encrypted email system, but if your email system is not encrypted, we cannot guarantee the security of your communication and you may wish to consider alternative methods of submitting these details.

Please detach the final page if details regarding your claim need to be completed by your vet, doctor or other such professional, due to the sensitive data contained.

Name of Bank	
Branch	
Sort Code	
Account No.	
Account Name	
Claims Reference	
Signature	Date