

CLAIMS INTERNATIONAL

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Claims International a business of Cunningham Lindsey United Kingdom Limited. Cunningham Lindsey United Kingdom Limited Registered in England No 159031 Registered Office Apex Plaza Forbury Road Reading RG1 1AX www.cunninghamlindsey.co.uk



DELAY, ABANDONMENT AND MISSED DEPARTURE CLAIM FORM

WEB CLAIM

Dear Sir/Madam

Here is your claim form as requested. Please complete it fully and return to us.

PLEASE ENSURE THAT THE FORM IS SIGNED AND DATED ON THE FINAL PAGE - FAILURE TO DO SO WILL DELAY YOUR CLAIM.

The section below details the documents which we need to deal with your claim and some notes which we would ask you to read carefully when completing the form. Thank you.

DELAY OR ABANDONMENT

To process your claim it is essential that we receive a letter from the airline/shipping company to confirm the scheduled departure time and date, the eventual departure time and date and the exact reason for the delay. If you contact the airline you will find it quite routine to obtain this letter. Please ensure it is enclosed.

VERY IMPORTANT

Please ensure you enclose the following **ORIGINAL** (not photocopied) documents (if not already sent):

- | | | |
|--|------------------------------|-----------------------------|
| (a) Proof of insurance, such as the numbered certificate or validation receipt or tour operator's invoice showing insurance. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) ORIGINAL TRAVEL TICKETS (i.e. flight coupons/ferry tickets). | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) THE HOLIDAY BOOKING INVOICE or other evidence of holiday/trip cost. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) As mentioned above, a letter from the carrier or tour operator (not the travel agent) stating (1) the official cause of the delay and (2) the exact period of the delay (both are essential please). | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) If you are claiming for missed departure, substantiation of the circumstances and outlays made will be required. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

EMAIL AND 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 our normal working hours to discuss your claim and/or request further details. Please confirm your email address overleaf and/or advise us of any relevant numbers on which you can be reached.

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

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

PLEASE COMPLETE IN BLOCK CAPITALS

1 Claimant's title: Mr / Mrs / Miss / Ms / Other (please specify)			
Forename(s)		Surname	
2 Address			
Postcode			
3 Telephone daytime		Telephone evening	
4 E-mail address			
5 Occupation		Date of Birth	
6 The destination and country of this trip			
7a The date the insurance policy was issued (this is important) DAY: MONTH: YEAR:			
7b The certificate number and prefix PREFIX: NO:			
8 The name of the travel agent who issued the insurance			
9 The period of your holiday/trip giving total number of days		From:	To: Total Number of days:
10 The number of people covered by this policy			
11 The tour operator from whose brochure you booked (if relevant)			
12 The day on which your holiday/trip was first booked DAY: MONTH: YEAR:			
13 The day you were first aware of the reason leading to the delay DAY: MONTH: YEAR:			
14 The date, time and place from where you were SCHEDULED to depart (do not forget to attached your booking invoice, tickets and confirmation from the airline/ferry operator)			
DATE:	TIME:	PLACE:	
15 The date, time and place when you eventually departed:			
DATE:	TIME:	PLACE:	
16 The total number of hours/minutes you were delayed:		HOURS:	MINUTES:
17 What was the reason given for the cause of delay:			
18 What was your method of travel (i.e. aircraft, ship etc)			

ADDITIONAL NOTES

IMPORTANT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE DECLARATION

PRIOR TO RETURNING THE CLAIM FORM PLEASE STUDY THE POLICY AND READ THE TERMS AND CONDITIONS AS THEY RELATE TO YOUR CLAIM.

PLEASE NOTE NEITHER WE NOR INSURERS ARE RESPONSIBLE FOR THE COSTS OF OBTAINING DOCUMENTATION IN SUPPORT OF THE CLAIM.

WARNING

THE MAKING OF A FRAUDULENT OR KNOWINGLY EXAGGERATED CLAIM IS A CRIMINAL OFFENCE AND COULD RENDER THE OFFENDER LIABLE TO PROSECUTION.

THE INFORMATION ON THIS FORM WILL BE USED BY YOUR INSURER TO DEAL WITH ANY CLAIM. YOUR INSURER 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/We declare that to the best of my/our knowledge and belief all information stated herein is correct.

I/We have not withheld any information from insurers within my/our knowledge connected with this claim.

I/We agree to provide further information or documentation as may be reasonably required.

I/We assign to insurers all rights of recovery/salvage against any person or organisation and will do whatever else is necessary to secure such rights.

SIGNATURE OF CLAIMANT:

DATE: