



TRAVEL DELAY, MISSED DEPARTURE,  
ABANDONMENT, PISTE CLOSURE



PO Box 420  
Hadlow  
Kent  
TN9 9DE

tel: 08453 707 133  
fax: 0870 620 5001  
web: www.tif-plc.co.uk

We are sorry to learn that you need to make a claim on your travel insurance policy.

In order that we can process your claim quickly please complete all the relevant sections of the claim form in full and return it to us at the above address together with the following ORIGINAL documentation. In the interest of protecting ourselves from fraud we are unable to accept photocopied documents however we can return your originals promptly if you indicate that this is your wish.

CHECKLIST OF DOCUMENTS REQUIRED

tick the box to indicate to us which ones we should expect to find enclosed

- BOOKING INVOICE (where appropriate)
- PROOF OF PURCHASE OF INSURANCE (either certificate or premium receipt)

**For departure delay**

- CARRIERS LETTER CONFIRMING THE REASON FOR THE DELAY
- SCHEDULES SHOWING PLANNED AND ACTUAL DEPARTURE TIMES

**For missed departure**

- ORIGINAL UNUSED TICKETS
- ADDITIONAL TRAVEL TICKETS OR STUBS
- PROOF OF PAYMENT FOR ANY ADDITIONAL TRANSPORT USED TO GET YOU TO YOUR DESTINATION
- WRITTEN EVIDENCE OF THE BREAKDOWN OR ACCIDENT TO YOUR VEHICLE
- WRITTEN EVIDENCE TO CONFIRM ANY PRE-BOOKED PUBLIC TRANSPORT
- SCHEDULE SHOWING PLANNED AND ACTUAL DEPARTURE TIMES

**For abandonment**

- CARRIERS LETTER CONFIRMING THE REASON FOR THE DELAY
- SCHEDULES SHOWING PLANNED AND ACTUAL DEPARTURE TIMES
- CARRIER/TOUR OPERATORS CONFIRMATION THAT NO ALTERNATE TRANSPORT WAS OFFERED TO YOU

You should note that all the information provided to us on this form will be stored electronically in accordance with The Data Protection Act and shared with the Insurance Industry Fraud Prevention Unit. If you make a fraudulent or intentionally exaggerated claim this will invalidate your claim and we will pursue a recovery through the civil courts in all cases.

We do understand that it may take time to collect all the documentation required but please try to submit your claim as soon as possible after the event .

Yours sincerely,

Travel Claims Facilities Plc

# CLAIM FOR TRAVEL DELAY OR MISSED DEPARTURE – [ ]

Please complete all sections of this form and then check the list of additional documents you need to send in order that we can assess your claim immediately.

## DETAILS OF THE INSURED PERSON

Title			
Full Name			
Address			
Postcode			
D.O.B.		National Insurance No.	
Telephone Number		E-mail	



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## DETAILS OF THE INSURANCE POLICY

Place Purchased		Scheme of Insurance	
Telephone No.		Policy No.	
Certificate No.		Date Issued	
Dates of Trip	to:	Trip Destination	
Medical Screening Case No. (if applicable)		Master Policy No.	

## DETAILS OF TRIP

Travel Agent/Tour Operator		Tel No.	
Date of Booking		Date Final Balance Paid	
Method of Payment (Cash/Cheque/Debit Card/Credit Card)			

## DETAILS OF CLAIM

Was the claim caused on your outbound or inbound journey			
Scheduled departure date		Time	
Actual departure date		Time	
Airport/Port or Station		International departure point:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Airline/Operator		Flight/Ticket No.	
What time did the check-in desk open according to your itinerary?			
What time did you actually check in?			
How long were you delayed?			
What reason was given for the delay?			
Cancellation expenses due to travel delay longer than 24 hours on your outbound trip			
Total amount paid	£	Number of insured people cancelling	
Refunds received	£	Total amount claimed	£
Please advise the name of the person to whom the settlement cheque should be made out to			

# CLAIM FOR TRAVEL DELAY OR MISSED DEPARTURE – [ ]

## ORIGINAL ITINERARY

Date of departure from home: Planned  Actual

Time of departure from home: Planned  Actual

Describe the reason for the delay and at what point in the journey it occurred

What alternate arrangements were offered to you?

Who made the arrangements?



travel  
claims  
facilities

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## ADDITIONAL COSTS INVOLVED

DATE	ITEM	BILL FROM	AMOUNT	CURRENCY

If the claims has been caused by a road traffic accident to the vehicle that you were travelling in and involved a third party please provide details of the driver and their insurance:

Name

Address

Postcode

Insurance Company

Certificate Number

Has a claim been submitted under any other insurance policies? Claim reference number and details:

## PISTE CLOSURE (Lack of snow benefit)

Date piste closed  Time piste closed

Date piste re-opened  Time piste re-opened

Reason for piste closure

## DECLARATION

- ✓ I/We declare that all the details provided above are true and accurate to the best of my knowledge.
- ✓ I/We give consent for Travel Claims Facilities to seek recovery of monies paid where reciprocal agreements are in force, or from other insurers covering the same risk, or from third parties who may be held liable.
- ✓ I/We understand that details of this claim may be passed to the insurance industries central claim register
- ✓ I/We understand that if a claim is found to be fraudulent or exaggerated that this will invalidate the whole claim and TCF may seek to recover any costs through the civil courts.

Signed  Dated