

TRAVEL CLAIM FORM

DELAY/DISRUPTION



(Please return this form to your Insurance Broker or claims@oak-underwriting.com)

DETAILS OF THE POLICY HOLDER AND POLICY

Name	
Address	
Postcode	
Telephone	
Work telephone	
Email address	
Date of birth	
Policy number	
Renewal date	

PLANNED TRAVEL DATES

Outward journey date/time	
Return journey date/time	
Country	
Destination	

NAME OF PERSONS CLAIMING UNDER THIS INSURANCE

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	
Person 6	

REQUIRED DOCUMENTATION

Please send the following documentation (where relevant) in order to prevent any delays on your claim.

Holiday booking invoice showing the date the holiday/trip was booked, who was booked to travel, the travel dates, the destination and the amounts paid.
Letter from the airline/carrier confirming the duration of the delay and the reason for delay.
Travel Delay: In the event of you abandoning your trip due to delay please forward the original cancellation invoice from the tour operator/ travel agent (showing any refund received).
Travel Disruption: In the event of your planned travel arrangements being disrupted please forward the original receipts/proof of payment for the incurred additional travel and accommodation expenses (only).
Travel Disruption: Written report from the appropriate authorities confirming the disruption to your pre-planned travel arrangements.

TRAVEL DELAY

Please confirm the reason for the delay	
When were you first made aware of the delay (date/time)	

ORIGINAL SCHEDULED DEPARTURE DETAILS

Date/time	
Flight/ferry number	

ACTUAL DEPARTURE DETAILS

Date/time	
Flight/ferry number	
Total number of hours/minutes delay	

ABANDONMENT

Date/time decision made to abandon the trip/holiday	
Amount paid for holiday (per person)	
Total holiday cost	
Refunds received/due from Tour Operator	
Total amount claimed	

TRAVEL DISRUPTION

Details of costs incurred to reach the final destination or to reach home

Type of expense (travel/accommodation)	Amount paid	How was payment made? (cash/credit card)
Total		

TRAVEL DISRUPTION (continued)

Original date/time for check-in	
Flight/ferry number	
Actual date/time for check-in	
Flight/ferry number	
How did you originally intend to travel (e.g. car, coach, train etc.) to the airport/ferry?	
When did you leave to reach your planned departure point? (date/time)	
When did you finally reach your intended destination? (date/time)	
How did you originally intend to reach your final destination/home (e.g. car, coach, train etc.)	
Is there any other insurance in force on the loss claimed for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, name and address of insurer	
Policy/reference number	

BANK DETAILS

Account name	
Account number	
Sort code	
Name of bank	

I/We declare that to the best of my knowledge and belief all information provided is correct. I understand that some of the information I have provided will be made available to other insurers for claim handling purposes. I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the giving of such information. I agree that I will supply all requested, necessary documents in support of my claim at my expense.

Date	Signature
Date	Signature