

TRAVEL DELAY OR ABANDONMENT CLAIM FORM

Claim Number: A claim number will be allocated once this form is returned



35 Walton Road, Stockton Heath, Warrington, WA4 6NW
Tel: 01925 604421 Fax: 01925 861351
Email: travel-claims@philipwilliams.co.uk
www.philipwilliams.co.uk

Date:

Please use this address for ALL correspondence & quote the above Claim Number in ALL subsequent communication.

When the Claim Form is received we aim to process it in five working days.

Police Federation-	Policy no-	
Main Scheme Member - Title	Forename	Surname
Main Scheme Member - Collar Number / Employer ID Number		

TO BE COMPLETED BY THE TRUSTEES OF THE INSURANCE SCHEME

I certify that the beneficiary is a subscribing member of the scheme and is entitled to cover provided under it.

Signed _____ Position _____ Date _____

This claim form is being provided to you as requested in order that you can make a claim for Travel Delay or Abandonment under the terms and conditions of your travel insurance policy.

Below is a Document Check List – please ensure you provide the correct documentation when submitting your claim as failure to do so may cause delays. We suggest you keep a copy of this claim form and other documents for your own records.

IMPORTANT DOCUMENT CHECK LIST	✓ PLEASE TICK			
	Enclosed	Previously Sent	Not Available	Not Applicable
Have you enclosed or previously provided the following ORIGINAL (not photocopy) documents?				
HOLIDAY BOOKING INVOICE as issued by the booking Agent & Tour Operator (if applicable)				
TOUR OPERATORS CANCELLATION INVOICE (Abandonment only)				
THE TRAVEL TICKETS (i.e. Flight coupons/ferry tickets)				
A LETTER FROM THE AIRLINE (or other carrier e.g. Ferry Company etc) stating ; ✓ The official cause of the delay ✓ The exact period of delay Both are essential please.				

PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS – THANK YOU FOR YOUR CO-OPERATION

CLAIMANT DETAILS

Q01. Claimant's Details: Title:	First Names:	Surname:
Q02. Date of Birth: / /	Present Age:	Q03. Occupation:
Q04. Address:		
Post Code:		
Q05. Home Tel:	Mob Tel:	Work Tel:
E-mail:		

HOLIDAY & INSURANCE DETAILS

Q06. Holiday booking date: / /	Period from: / /	to: / /	Number of days:
Q07. Number of people in your party:	Q08. Holiday Country & Destination:		
Q09. Name of the travel agent who issued the policy:			
Q10. Travel Insurance Policy Number (as shown on your insurance schedule):			

TRAVEL DELAY OR ABANDONMENT CLAIM FORM

Claim Number: A claim number will be allocated once this form is returned

Q11. Method of payment for the holiday (Delete as necessary): Credit Card / Debit Card / Cheque / Cash/ Other

If credit card was used please provide details: Card Issuing Company:

CLAIM DETAILS

Q12. Travel Itinerary – in order that we can totally understand which part of the journey was affected please detail your full itinerary below (please continue on a separate sheet if necessary);

Method of travel e.g. aircraft, ship etc	Flight Number (or other)	Travel From e.g. which Airport, port etc	Travel To e.g. which Airport, port etc	Scheduled Departure Time	Actual Departure Time	Length of delay (hours/mins)
				: AM/PM	: AM/PM	
				: AM/PM	: AM/PM	
				: AM/PM	: AM/PM	
				: AM/PM	: AM/PM	

Q13. On which date were you first aware of the reason for the delay? / /

Q14. What was the reason given for the delay?

Q15. Did the delay arise due to a missed connection e.g. as a result of the late arrival of a connecting flight? **YES / NO**

Q16. Was your trip eventually ABANDONED **YES / NO**

If YES, date and time abandoned: Date: / / Time: : AM/PM

Note: If your trip was eventually abandoned please submit the TOUR OPERATORS CANCELLATION INVOICE

Q17. If you are claiming for Abandonment e.g. refund of holiday, have you made a claim against any other insurer or party (or will you be) **YES / NO**

If YES please provide their details:

Q18. Please name all Persons claiming, and the amount in the box provided below;

Insured Name	Amount Claimed £
1.	
2.	
3.	
4.	
5.	
6.	

DATA PROTECTION NOTICE

Philip Williams and Company may use your information together with other information for underwriting, statistical analysis and claims. We may disclose your information to our service providers, agents and business partners for these purposes.

We may also share your information with other interested parties and outside agencies to check the details and prevent fraudulent claims. We may also disclose your information to our agents to investigate or prevent fraud.

CUSTOMER DECLARATION – To Be Completed By ALL Persons Claiming Aged Over 16

Philip Williams and Company, agents and business partners may contact anyone who can give them information relevant to my claim. I/ We confirm that the information that I/ we give is true and if any of the information given by me/ us (or anyone on my/ our behalf) is incorrect, I/ we agree that such inaccuracy may cause me/ us to forfeit my/ our rights under the policy.

In the event of a Third Party being liable, on settlement of the claim I hereby subrogate my rights to the company to recover their costs.

Payments: Subject to admission of liability, we will make payment in favour of the claimant (aged over 16) as detailed in question 01 above but if an alternative payee is required please state below. I/ We have read and fully understood the above declaration.

Insured Name	Signature	Date of Birth	Date of Signature
1.			
2.			
3.			
4.			
5.			
6.			

PLEASE ENSURE THAT ALL RELEVANT DOCUMENTATION IS THE ORIGINAL AND NOT A PHOTOCOPY