

Claims International Limited

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(calls may be monitored or recorded for quality purposes)

REGISTERED IN ENGLAND NO: 2134239 REGISTERED OFFICE: 14TH FLOOR, LEON HOUSE, 201-241 HIGH STREET, CROYDON

IMPORTANT

Please keep a separate note of this claim reference number and quote it whenever you contact us.

Date:

Dear

DELAY, ABANDONMENT AND MISSED DEPARTURE CLAIM FORM

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

Please check that we have correctly stated your name, initial(s), address and post code and amend if necessary.

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 operators invoice showing insurance. | 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"/> |
| b) ORIGINAL TRAVEL TICKETS (ie 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
2) The exact period of delay
(Both are essential please). | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | | | |

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 the course of our normal working hours to discuss your claim and/or request further details. Please advise us of any relevant numbers on which you can be reached.

or

18. Please name all persons claiming and the amount.

NAME:	AMOUNT (£)
NAME:	AMOUNT (£)
NAME:	AMOUNT (£)
NAME:	AMOUNT (£)
NAME:	AMOUNT (£)
NAME:	AMOUNT (£)

19. Was your trip eventually abandoned? Yes No

If Yes, please submit the Tour Operator's booking invoice and/or unused tickets etc, and give date and time abandoned.

DATE: TIME:

If you are claiming for missed departure please complete the following, ensuring you detail to us the full circumstances surrounding the incident and providing us with an itemised breakdown of the costs incurred.

Circumstances of missed departure: (please continue overleaf if necessary)

Costs incurred: (please continue overleaf if necessary)

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 declare that to the best of my 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: