



**Travel Claim Form
Delay/Missed Departure/
Personal Liability**

GUIDANCE NOTES – TRAVEL DELAY, MISSED DEPARTURE & PERSONAL LIABILITY

Please Make a Note of Your Claim Reference

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted)

You should read and sign the declaration and refer to the guidance notes below for details of what we require.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly. Please return the completed claim form to:

Towergate Travel
Po Box 1392
Preston
PR2 0XE

Thank you for your co-operation.

ALL CLAIMS, we require the following documentation

- The Tour Operator’s or Service Providers Booking and Cancellation Invoices.
- Any tickets (used or unused) that relate to this trip,
- A copy of your Policy Document.

Delay

- The Carrier’s confirmation of the delay. This must show scheduled and actual times/dates of departure and arrival together with the cause of delay.
- If you chose to cancel your trip you must submit the cancellation invoices and booking conditions in support of all amounts claimed.

Missed Departure

- Evidence to show the delay in your journey. If this arose from a car breakdown this may be in the form of a garage or emergency service report of the breakdown and call-out. If it arose from a delay of public transport then a confirmation from the transport provider will be required.
- Receipts to show the expenses incurred.

Personal Liability

- Any correspondence you receive must be passed to us unanswered. You should not admit liability nor make any payment
- If a payment has been made, you should submit any receipt you received. You should note however that the making of a payment contravenes policy conditions and your expenditure may not be refunded.

Check List

The following is provided for your convenience to enable you to check that you have sent the appropriate information to us.

Booking Invoice

Claim Form

Booking Conditions

Confirmation of Delay / Missed Departure from Tour Operator

Garage / Emergency Service Report

Policy Document

All used /unused Tickets

Cancellation Invoice

Expense Receipts

Date Claim Form Posted to us

Policy Number Date Insurance Purchased

Insurance Issued by
(Agents name and Address)

Insured's Forename Surname Title D.O.B.

Address

Occupation Email

Telephone No. Alternative Tel.No.

Date Trip Booked Original Date of Departure

Original Date of Return

DELAY

Flight/Ferry/Train Number Cause of Delay

Scheduled time of departure am/pm on (date)

Scheduled time of arrival am/pm on (date)

Actual time of departure am/pm on (date)

Actual time of arrival am/pm on (date)

If you decided to cancel your trip please confirm:

Total Trip Cost (excluding insurance premiums) £

Amount refunded to you from other sources £

Amount Claimed £

Names of all who are cancelling

1	D.O.B	2	D.O.B.
3	D.O.B	4	D.O.B
5	D.O.B	6	D.O.B

MISSED DEPARTURE

Please detail the reasons for you being unable to arrive in time to undertake your travel arrangements. Please ensure that you include times where appropriate.

EXPENSES INCURRED

Date Expense incurred	Name & Address of Service Provider	Nature of Expense (Travel/Accommodation)	Amount of Expense inc Currency	Paid by You? Yes/No

PERSONAL LIABILITY

Please give a detailed description of the events surrounding the claim against you

Please give details of all property damage in the incident together with the name and address of the owners of this:

Was anyone injured in the incident? Yes No

If Yes, please provide Injured person(s)

Name(s)	D.O.B	Address(es)

Nature and extent of injuries

Amount paid to any third party £

Please indicate why this payment was made

TO BE COMPLETED FOR ALL CLAIMS

Do you have any other insurance that might cover you (e.g., other Travel Insurance, Home Insurance, Legal Liability Cover or Packaged Bank Account Insurance)?

Yes No

If Yes, please provide Insurance Company:

Name

Address

Policy Number

Type of Insurance

DECLARATION

I/We understand that in handling this claim, Towergate Travel (a trading name of Towergate Underwriting Group Limited) will act on behalf of the Insurer(s) and that I/we confirm our informed consent to the claim being handled on this basis. I understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. I confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

You must read the declaration before signing

Signed

Date

IMPORTANT NOTICE TO ALL CLAIMANTS

Towergate is the data controller for the personal information you provide and we are committed to keeping this information safe and secure.

In order for us to process your claim we will collect personal information such as your name, telephone number, email address, postal address, occupation, date of birth and payment details (such as your bank account number and sort code).

We may also request and collect sensitive information such as details of convictions or medical history. We may also use additional personal information available on social media or in the public domain.

Further details on how we use and share personal information can be found in our Fair Processing Notice on our website here <http://www.towergate.com/fair-processing-notice>

In the event that your claim is successful, we shall most likely issue payment by BACS transfer directly into your bank account, as this is both a faster and more secure form of payment.

Can you please complete the boxes with your bank account number, bank sort code, bank name and bank address.

Please detach the final page if details regarding your claim need to be completed by your doctor or other such professional, due to the sensitive data contained.

Name of Bank	<input type="text"/>
Branch	<input type="text"/>
Type of Bank Account (current, premier, reward etc)	<input type="text"/>
Sort Code	<input type="text"/>
Account No.	<input type="text"/>
Account Name	<input type="text"/>

If you are returning these details via email and your email system is not encrypted, we cannot guarantee the security of your communication and you may wish to consider alternative methods of submitting these details.

Signed	<input type="text"/>	Date	<input type="text"/>
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Claims Contact Details

Towergate Travel
PO Box 1392
Preston
PR2 0XE

E-mail: towergatetravelclaims@directgroup.co.uk

Tel: **0345 074 4838**