



c/o Abco Kovex Building
Swords Business Park
Swords
Co. Dublin
Tel: 0818 286878
0845 601 6556(NI/UK)

TRAVEL INSURANCE CLAIM FORM

WEB CLAIM

Personal Details – to be completed for all claims

Title	First Name	Surname	Date of Birth	Occupation

Daytime Contact Telephone No: _____

Address of person to whom all correspondence should be sent :

Address: _____

 Email Address: _____

Name of person to whom any claim payments should be made: _____

Policy Details

Schedule Number: _____

Policy Type: _____

Annual / Short Stay

Issue Date of Policy _____

Excess Waiver Paid _____

YES / NO

Trip Details

Date of Booking	Country Visited
Planned Departure Date	Resort / Town Visited
Planned Return Date	Travel Agent Name
Total No of Days	Travel Agent Phone No

Previous Claims

Have any of the claimants previously made a claim under any travel insurance policy? Yes / No

If "YES" please give details below:

Insurance Co	Date of Claim	Amount of Claim	Type of Claim

Claimant Declaration

The information I/We have given is true. If any of the information I/We have given or any of the information given on my/our behalf is incorrect, I/We understand that you will be able to take away my/our rights under this policy.
 I/We understand and give explicit consent that the information I/We provide, including any sensitive information such as my/our health records, will be passed to or used by Travel Claims International/your insurers for my/our insurance. I/We understand that Travel Claims International will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties. Travel Claims International maintain all data in accordance with the provisions of the Data Protection Act.

Policy Holder must sign. A parent or guardian may sign on behalf of children under 16 years of age.

Name (Please Print)	Signature	Date



Delayed Departure

1. Departure Details

Scheduled Departure	Date:	Time:
Actual Departure	Date:	Time:
Length of Delay	Hours/Minutes	

In order to claim for Delayed Departure **please revert to policy wording.**

2. Number of People in your party delayed:

3. Reason for Delay

4. Did you choose to abandon your trip after 12 hours:

If "Yes" please complete a Claim Form for "Cancellation" of your trip.

Documents you need to send to Us – Send ORIGINAL DOCUMENTS

1. Original Insurance Certificate.
2. Original Booking Invoice / Travel Tickets
3. Confirmation from the Airline or transport company of cause and length of delay.