



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



## Missed Departure

### 1. Reason for Missed Departure


### 2. What was the method of transport you used to your point of Departure i.e. Airport, Port, Station:

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### 3. Check-in Details

	Date	Time
Scheduled Check-in		
Actual Check-in		

### 4. Please detail any extra travel and accommodation expenses which you are claiming:

Date Expense Incurred	Description of Expense	Name of Provider of Service i.e. Transport Co, Hotel etc	Non-Euro Amount	Euro Amount	Have you paid for expense? Yes/No
TOTAL AMOUNT CLAIMED IN EUROS					

### 5. Exchange rate used to convert Non-Euro Currency to Euros:

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### 6. Please provide details of any compensation / payments made by any Service Provider:


### Documents you need to send to Us – Send ORIGINAL DOCUMENTS

1. Original Insurance Certificate.
2. Original Booking Invoice / Travel Tickets
3. For breakdown of private vehicle – invoice from garage who carried out repairs.
4. For accident involving private vehicle – police report
5. For failure of scheduled public transport – confirmation of incident from transport provider.