



# SINGLE/MULTITRIP TRAVEL

## Travel Delay & Journey Continuation Claim Form

Once completed, please return your claim form to:

ONE Claims Ltd  
1-4 Limes Court  
Conduit Lane  
Hoddesdon  
Herts  
EN11 8EP

Thank you for notifying us of your claim.

Please complete this claim form and return it to ONE Claims Ltd as soon as possible.

Please write clearly and in **BLOCK CAPITALS**.

Please provide full supporting documentation to avoid delays in processing your claim.

### Claimant Details (The Insured Claimant(s)):

Title	Full Name(s)	Date of Birth	Occupation

Claimant address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Usual country of domicile: \_\_\_\_\_



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Certificate Number (Including Prefix): \_\_\_\_\_

Insurance Broker Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Travel Destination: \_\_\_\_\_ Country: \_\_\_\_\_

Resort: \_\_\_\_\_

Hotel: \_\_\_\_\_

\_\_\_\_\_

Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Purpose of trip: - (Delete as applicable)

Business / Pleasure

If Business: - (Delete as applicable)

Clerical / Manual

If Manual please provide details of nature of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your Claim is agreed, how would you like to be paid?

\_\_\_\_\_

Please tick box to choose preferred method of payment:

**Cheque:**  Confirm Payee name: \_\_\_\_\_

**Or direct to your bank account**  **(UK bank accounts only)**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Sort Code: \_\_\_\_\_ Account No: \_\_\_\_\_

Account Holder: \_\_\_\_\_

\_\_\_\_\_



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## DOCUMENTS REQUIRED TO SUPPORT YOUR CLAIM

IMPORTANT: ORIGINAL DOCUMENTS ARE REQUIRED.

WE CANNOT ACCEPT PHOTOCOPIES OR FAXED DOCUMENTS

## Please Provide - Original Booking Invoice

Written confirmation from the carrier stating all of the following:

### Travel Delay

- Exact reason for the delay.
- Original departure time and date.
- Actual departure time and date.

### Journey Continuation

- Exact reason for the delay.
- Full breakdown of costs incurred.
- Full receipts to confirm costs incurred.

## TRAVEL DELAY/JOURNEY CONTINUATION

Reason for the Delayed/Missed Departure: \_\_\_\_\_

### TRAVEL DELAY FROM POINT OF DEPARTURE

Scheduled Date & Time: \_\_\_ / \_\_\_ / \_\_\_ : \_\_\_ am/pm Flight/Ferry No: \_\_\_\_\_

Actual Date & Time: \_\_\_ / \_\_\_ / \_\_\_ : \_\_\_ am/pm Flight/Ferry No: \_\_\_\_\_

No. of Hours Delayed: \_\_\_\_\_ Airline/Ferry Company: \_\_\_\_\_

### JOURNEY CONTINUATION

Point of Departure of Trip \_\_\_\_\_ Point of Connection Failure \_\_\_\_\_

Method of Transport (Air/Coach/Ferry, etc) \_\_\_\_\_

Means employed to rejoin trip \_\_\_\_\_

Amount Claimed \_\_\_\_\_

### DECLARATION - This must be signed.

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not withheld any information within my/our knowledge connected with this claim. I/we agree to provide the insurer with any further information as may be reasonably required. I/we understand that the insurer does not admit liability by issue of this form. **WARNING - the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police with whom we always co-operate.**

### DATA PROTECTION ACT

The insurance industry operates a number of anti-fraud initiatives. The information given on this form may be stored electronically and may be shared with other organisations for this purpose. I/We understand that you may ask for information from other organisations to check the answers I/we have provided.

Signature(s) \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_