



Fogg Travel Insurance Services Limited

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DELAY AND MISSED DEPARTURE CLAIM FORM

IMPORTANT - PLEASE READ THE FOLLOWING CAREFULLY AND ENCLOSE THE DOCUMENTS REQUESTED WITH THIS FORM

Please ensure that you complete any blank sections on this form as failure to do so may delay the processing of your claim. When this form has been fully completed, signed and dated, it should be returned to the address shown above.

In order to avoid any delay in payment of your claim you should ensure that the following documents are enclosed :-

1. Your original Travel Agents premium receipt and/or insurance certificate/policy document as confirmation that you purchased insurance.
2. Your Tour Operators holiday invoice and any other documentation requested in this form which relates to your claim.
3. If you have a claim under the Missed Departure section of your policy (if relevant) please provide appropriate evidence to substantiate your claim - Please refer to your policy.

The Insurance industry operates a number of anti-fraud initiatives which include TCEWS, operated by J S Management Ltd., and CUE, operated by Insurance Database Services Ltd. Details on these organisations can be provided on request.

Information given on this form may be stored electronically and shared with these organisations for this purpose. If you would prefer that the information given on this form is not used you should advise us.

THE DECLARATION ON THE REVERSE OF THIS PAGE MUST BE COMPLETED

YOUR TRAVEL CLAIM REFERENCE :

Always quote the above reference when contacting this office

PLEASE SECURELY ATTACH ALL SUPPORTING DOCUMENTATION TO THIS FORM

1. Insured (Full Name)				Mr/Mrs/Miss/Mast/Other
2. Occupation (of Insured)				
3. Full name of claimant (if different from above)				4. Date of Birth
5. Address (full including post code)				
6. Private Tel. No.			7. Business Tel. No.	
8. State the name of the person to whom payment should be made				
9. Name and Address of the Travel Agent/Tour Operator				
10. Is this an Annual Policy?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If YES please state the policy No.			
11. Date of Booking				12. Policy issue date
13. Departure date				14. Return date
15. Country of holiday or journey destination				

YOUR TRAVEL CLAIM REFERENCE :

DELAY AND MISSED DEPARTURE

Confirmation from the carrier confirming the length of delay and the reason for the delay must be enclosed

1. Original time and date of your scheduled departure

2. Actual time and date of departure

3. Place of departure

4. Reason for Delay or Missed Departure

5. Did you check-in in accordance with your original itinerary ?

YES

NO

6. Name of carrier

7. Flight No. (if airline)

TO AVOID PAYMENT OF YOUR CLAIM BEING DELAYED PLEASE ENSURE THAT ALL DOCUMENTS REQUESTED ARE ENCLOSED AND ALL QUESTIONS HAVE BEEN ANSWERED

DECLARATION

I declare that these particulars are true and correct to the best of my knowledge

Signature

Date