



CLAIM No: _____
(For Office Use Only)

**OSG Travel Claims,
PO Box 1086, Belfast, BT1 9ES
Email : info@osgtravelclaims.co.uk
Tel: 020 7581 6444**

Travel Delay / Missed Departure / Missed Connection – Claim Form

OSG Travel Claims are committed to providing you with a quality service. In order for us to assist you as quickly and efficiently as possible, it is important that you provide all necessary documentation.

If a claim is received without the correct documentation or the claim form has not been fully completed, this can delay the processing of your claim.

IMPORTANT – Insurers require ORIGINAL documents. You must provide, at your own expense, any documents required to process your claim. **We strongly recommend that you keep copies of all documents forwarded to us.**

Documentation Required: Failure to provide can result in our being unable to process your claim

Please tick to confirm you have attached the following documents

[Tick]

Fully Completed Claim Form	Please complete each section. Do not use N/A.	<input type="checkbox"/>
Confirmation of Insurance	Insurance/Validation Certificate. In the case of credit card Insurance policies, please forward your credit card statement showing payment of the trip / holiday	<input type="checkbox"/>
Confirmation of Trip Dates	Tour Operators Confirmation Booking invoice. Also forward any used / unused travel tickets you may have or any other documents issued as evidence of the trip	<input type="checkbox"/>
Proof of additional expenses	Original receipts for all additional expenses	<input type="checkbox"/>
Confirmation of the delay	Written confirmation from the Carrier (e.g. airline, ship or coach) advising reasons for and duration of the delayed departure of the aircraft, ship or coach.	<input type="checkbox"/>
If the claim is as a result of a car breakdown	Provide invoices from the garage who attended the breakdown and proof that the car has had its full service history	<input type="checkbox"/>
Confirmation of any arrangements made by the Carrier	If flight/sailing was cancelled, provide written confirmation from the Carrier as to when the next available transportation was to have been provided.	<input type="checkbox"/>
Any Additional information/documentation	Any additional information or documents which you wish to enclose to substantiate your claim	<input type="checkbox"/>

We understand that it can, at times, be a daunting prospect when making a claim. Please help us to help you by following these guidelines.

- Always send original documentation (We recommend you retain copies)
- Make sure that the claim form is fully completed and that the information given is as clear as possible
- Always provide the information requested above. If, for some reason, the documentation is not available, please attach a letter advising why it has not been enclosed.

Travel Delay / Missed Departure / Missed Connection – Claim Form (continued)

Our aim is to process your claim as efficiently as possible. In order to achieve this, please ensure that you fully complete the form and provide the original documents requested. (we strongly recommend you retain copies). Please note – if the information requested is not supplied, this can hold up your claim, and we may not be able to process it.

N.B. All sections must be FULLY completed. (In BLOCK CAPITALS please)

Name of Policy Holder (include Mr/Mrs/Ms. etc)	<input type="text"/>	Age	<input type="text"/>
Name of Person, to whom any payment should be made payable to (if different from above)	<input type="text"/>	Address	<input type="text"/>
What Insurance Company did you take out your travel insurance with?	<input type="text"/>		<input type="text"/>
What Is Your Policy Called?	<input type="text"/>	Post Code	<input type="text"/>
Policy / Certificate Number (If credit card, please write full credit card number)	<input type="text"/>	Email address	<input type="text"/>
Policy Issue Date	<input type="text"/>	Incident Date	<input type="text"/>
Home Telephone Number	<input type="text"/>	Mobile Telephone Number	<input type="text"/>
Country of Destination	<input type="text"/>	Travel Agent	<input type="text"/>
Departure Date	<input type="text"/>	Booking Date	<input type="text"/>
Original Return Date	<input type="text"/>	Actual Return Date	<input type="text"/>
Tour Operator	<input type="text"/>	Occupation	<input type="text"/>

Data Protection

In order to administer your claim, the information provided in this form may be held on computer and/or in manual files for administration and risk assessment purposes. We may disclose your personal data to and may request information from, other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your personal data for the above purposes.

Claimants signature and declaration

- I declare to the best of my knowledge that all particulars in this form are true and accurate, with no omissions of any material information that would affect the Insurer’s assessment of this claim.
- I give permission for any medical practitioner, Police or similar authority mentioned with respect to this claim, to release information regarding my records.
- I am aware that it is a criminal offence to defraud or attempt to defraud an Insurer and that by doing so, I may be liable to prosecution. I am also aware that should any element of this claim be found to be fraudulent in any way, all elements of the claim will be denied.
- I grant OSG Business Solutions and the Insurers they represent, full rights of subrogation in respect of any payments made on my behalf. I further agree to fully co-operate with such recovery efforts that Insurers may deem necessary.
- In the event of a third party being liable for the loss / damage, all rights of recovery pass to OSG Travel Claims, on settlement of this claim.

Signed: Date:

Travel Delay / Missed Departure / Missed Connection – Claim Form (continued)

Details of all insured people, included in this claim:

Forename	Surname	Age

Date of Incident: _____

Time and Date of **Scheduled** Departure: _____ Time and Date of **Actual** Departure: _____

Overall duration of delay: _____ (Hours)

If you abandoned your outward trip as a result of the delay are you now claiming for the cancellation costs? **YES / NO**
 If YES, please complete the details in the 'Additional Expenses' table below and state 'original flight' in the table.

Reason for the interruption of your journey: _____

If your flight was cancelled, please advise the reason why: _____

Please advise if you were accommodated on the next available flight, or refunded you for the unused element of your ticket (indicate amount refunded): _____

If you were unable to take the next available flight, advise why not and provide written confirmation from the airline as to when the next available flight would have been: _____

Name of the Carrier (i.e. airline, ship, coach,) whose aircraft / vehicle / vessel was delayed: _____

If you missed your connecting flight, please advise the original departure time: _____

What action did you take to continue your journey? _____

Please ensure that all expenses are stated in the additional expenses table below:

Additional Expenses:

Receipt number	Full details of additional expenditure (Enclose all receipts / flight tickets etc.). Please also state the reason for any additional travel or accommodation expenses.	Date of Purchase	Receipts? Please Tick.	Non £ amount Claimed	Amount claimed. (£)
1					
2					
3					
4					
5					
			TOTAL		

Please tally the receipt number with any receipts you may have (write the number on the top of the receipt).
 Continue on a separate sheet if necessary

Please remember to include all ORIGINAL documentation requested on page 1 of this form and summarised below.
 (Please retain copies for your records)

Confirmation of Insurance, Booking Invoice, Flight Tickets, Original receipts for all additional expenses (cross referenced on expenses table), confirmation from the carrier as to the length of and reason for the delay.