

Departure Delay

Email: claims@tifgroup.co.uk

Post: Travel Claims Facilities, 1 Tower View, Kings Hill, West Malling, Kent, ME19 4UY

Top Tip: If you tap or click the box you can type away and email or post your claims form and relevant documents to either of the above addresses.

Details of the Claimant

Title:		First Name:		Last Name:	
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Address:					
Post Code:		Email Address:			
Date of Birth:		Telephone:			

Bank Name:		Account Type: (e.g. premier, gold, reward)	
Sort Code:		Account Number:	

For your convenience and to offer an efficient smoother service, we will pay any claim settlement due directly into your bank account. *We do not accept liability for any payment misdirection or delay due to the incorrect bank details being provided by you.*

Details of the Insurance Policy and Trip

Policy Number:			Date of Issue:	
Purchase From:			Date Trip Booked:	
Trip Date From:		To:		Destination:
Do you or any of the insured party have any other travel insurance cover? If yes give details.				

Details of Claim

Scheduled Departure Date:		Time:	
Actual Departure Date:		Time:	
Total Time Delayed from Departure:			
Airport, Station or Port:			Check-In Time:
Operator:		Ticket Number:	

Please List Claimants on this Policy:			
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	

What reason was given for the delay?

Claim Declaration

- I/We declare that all the details provided above are true and accurate to best of my knowledge.
- I/We give consent for Travel Claims Facilities to seek recovery of monies paid where other insurers cover the same risk, or from third parties who may be held liable.
- I/We understand that details of this claim may be passed to the insurance industries central claim register
- I/We understand that if a claim is found to be fraudulent or exaggerated that this will invalidate the whole claim and Travel Claims Facilities may seek to recover any costs through the civil courts.
- I/We understand that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Travel Claims Facilities or the underwriters of the policy will accept the responsibility if any payments are not distributed proportionately to the persons concerned.

Signature:		Date:	
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Print Name:	
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