

## Departure Delay

In order to support the process of your Departure Delay Claim, we have put together a checklist to ensure you include the correct paperwork to support your claim. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim.

Please note if you cancel the entire trip due to a delay of over 24 hours, you will need to complete a cancellation claim form rather than this one.

## Your Checklist of Documents Required

Please Note: We do not require original receipts, passports, EHIC's, death certificates or CD's for the initial claims set up, a top tip is to take a clear photo of your receipts and email them over to us.

Please ensure you keep the originals safe in case we do still require them.

No need to staple your papers either; the full contents of each envelope we receive are immediately scanned onto our computer system, and having to remove staples may damage the papers which could delay your claim!

- ☐ Holiday Booking Documents showing Travel Dates and Cost of Trip.
- ☐ Confirmation of Reason and Duration of Delay from the Carrier concerned.

Please consider the environment before printing this checklist. We **do not** require the checklist to be printed and returned.

## **Departure Delay**

Claims Reference Number, if already known:



Email: claims@tifgroup.co.uk

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

Top Tip: If you tap or click the box you can type away & email your claims form with the relevant documents to us.

Title:	First Name	:			Last Na	ame:			
Address:									
Post Code:		Email Addr	ress:						
Date of Birth:		Telephone							
Bank Name:				n Account:					
Account			Account						
Number:				(e.g. premier, gold, reward)					
Sort Code:		SWIFT/BIC		BIC					
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Please List Clain	nants on this Policy:		
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
What reason wa	s given for the delay?		
Claim Decla	ration		
I/We declare to	hat all the details provided above are true and accurate to	best of my knowled	dge.
-	sent for tifgroup to seek recovery of monies paid where otl	her insurers cover t	he same risk, or from third
•	ay be held liable.		
	and that details of this claim may be passed to the insurance and that if a claim is found to be fraudulent or exaggerated		_
	seek to recover any costs through the civil courts.	u tilat tilis Will lilvai	idate the whole claim and
	and that where a claim or claims are made on behalf of otl	hers, I have their fu	III authority to act on their
	confirm that I understand that neither tifgroup or the		•
responsibility	if any payments are not distributed proportionately to the	persons concerned	
Signature:	,	Date:	
Print Name:		20.001	
Time Hame.	<u></u>	I	
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Consent			
I give my authorit	${f y}$ for you to communicate with the following people who I	may wish to conta	ct you, or to be a point of
contact for me, wh	illst my claim is being finalised.		
Full Name:			
Full Name:			
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Your Signature:		Date:	