

Missed Port

In order to support the process of your Missed Port 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!

☐ Confirmation from the cruise liner detailing any missed ports and causes.	
☐ Confirmation of any refund/on-board credits given.	
☐ Full cruise itinerary.	

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

Missed Port



Email: claims@tifgroup.co.uk

Claims Reference Number, if already known:

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.

Details of the	e Claima	nt						
Title:		First Name				Last Na	ame:	
Address:								
Post Code:			Email Ad	ldress:				
Date of Birth:			Telephoi	ne:				
Bank Name:		•		Name o	on Account:			
Account Number:				Accour (e.g. pre	nt Type: emier, gold, reward	d)		
Sort Code:				SWIFT/ (for pay	BIC ments outside of	the UK)		
IBAN (Internation	onal Bank	Account Nu	ımber):					
bank account. We by you.	e do not acc	ept liability f	for any pa	yment m	•			lement due directly into yo ect bank details being provide
Details of the	e Insurar	nce Policy	and Ti	ip				
Policy Number:						Date	of Issue	2:
Insurance Company Name:						Date Book	•	
Policy Cover Le silver, gold, stan						Desti	nation:	
Trip Date From	:					To:		
Do you or any	of the insu	red party h	ave any c	ther trav	vel insurance cove	er? If yes	s give d	etails.
Details of Cla								
Date(s) of Miss	ed							
Port(s): Number of Por	to Micaad							
Reason for the	iviissea Po	π(S):						



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

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 tifgroup 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 tifgroup 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 tifgroup or the underwriters of the policy will accept the responsibility if any payments are not distributed proportionately to the persons concerned.

Signature:	Date:	
Print Name:		

Consent

I give my authority for you to communicate with the following people who I may wish to contact you, or to be a point of contact for me, whilst my claim is being finalised.

Full Name:		
Full Name:		
Your Signature:	Date:	