



Missed Departure

In order to support the process of your Missed Departure 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.

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.
- Any Original Unused Tickets.
- Tickets/Receipts for Additional Travel Costs.
- If caused by Delayed Public Transport – *Written evidence from the transport provider to explain the delay.*
- If caused by Breakdown of your own vehicle – *a Report from the Recovery Operator.*
- If caused by Accident – *Copy of Motor Claim form giving details of the incident.*

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

Missed Departure



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 and email or post your claims form and relevant documents to either of the above addresses.

Claims Reference Number, if already known:	
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Details of the Claimant

Title:		First Name:		Last Name:	
Address:					
Post Code:		Email Address:			
Date of Birth:		Telephone:			
Bank Name:		Name on Account:			
Account Number:		Account Type: (e.g. premier, gold, reward)			
Sort Code:		SWIFT/BIC (for payments outside of the UK)			
IBAN (International Bank 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:	
Insurance Company Name:		Date Trip Booked:	
Policy Cover Level (e.g. silver, gold, standard etc.)		Destination:	
Trip Date From:		To:	
Do you or any of the insured party have any other travel insurance cover? If yes give details.			

Details of Claim

Planned Departure Date:		Time:	
Actual Departure Date:		Time:	
Describe the reason for the missed departure and at what point the delay in the journey occurred:			



Please detail what alternative arrangement you had to make and why?

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

Detail all additional expenditure incurred to reach your original destination:				
Date:	Item:	Bill From:	Currency:	Amount:
Total:				

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:	
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