



SINGLE/MULTITRIP TRAVEL

Travel Delay & Journey Continuation Claim Form

Once completed, please return your claim form to:

ONE Claims Ltd
The Old Building
Bishops College
Churchgate
Cheshunt
Herts
EN8 9XH

Thank you for notifying us of your claim.

Please complete this claim form and return it to ONE Claims Ltd as soon as possible.

Please write clearly and in **BLOCK CAPITALS**.

Please provide full supporting documentation to avoid delays in processing your claim.

Claimant Details (The Insured Claimant(s)):

Title	Full Name(s)	Date of Birth	Occupation

Claimant address: _____

Postcode: _____ Email: _____

Telephone: _____ Fax: _____

Usual country of domicile: _____



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Certificate Number (Including Prefix): _____

Insurance Broker Name: _____

Address: _____

Travel Destination: _____ Country: _____

Resort: _____

Hotel: _____

Departure Date: ____/____/____

Return Date: ____/____/____

Purpose of trip: - (Delete as applicable)

Business / Pleasure

If Business: - (Delete as applicable)

Clerical / Manual

If Manual please provide details of nature of work: _____

If your Claim is agreed, how would you like to be paid?

Please tick box to choose preferred method of payment:

Cheque: Confirm Payee name: _____

Or direct to your bank account **(UK bank accounts only)**

Bank Name: _____ Branch: _____

Bank Sort Code: _____ Account No: _____

Account Holder: _____

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DOCUMENTS REQUIRED TO SUPPORT YOUR CLAIM

IMPORTANT: ORIGINAL DOCUMENTS ARE REQUIRED.

WE CANNOT ACCEPT PHOTOCOPIES OR FAXED DOCUMENTS

Please Provide

Written confirmation from the carrier stating all of the following:

Travel Delay

- Exact reason for the delay.
- Original departure time and date.
- Actual departure time and date.

Journey Continuation

- Exact reason for the delay.
- Full breakdown of costs incurred.
- Full receipts to confirm costs incurred.

TRAVEL DELAY/JOURNEY CONTINUATION

Reason for the Delayed/Missed Departure: _____

TRAVEL DELAY FROM POINT OF DEPARTURE

Scheduled Date & Time: ___/___/___ :___ am/pm Flight/Ferry No: _____

Actual Date & Time: ___/___/___ :___ am/pm Flight/Ferry No: _____

No. of Hours Delayed: _____ Airline/Ferry Company: _____

JOURNEY CONTINUATION

Point of Departure of Trip _____ Point of Connection Failure _____

Method of Transport (Air/Coach/Ferry, etc) _____

Means employed to rejoin trip _____

Amount Claimed _____

DECLARATION - This must be signed.

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not withheld any information within my/our knowledge connected with this claim. I/we agree to provide the insurer with any further information as may be reasonably required. I/we understand that the insurer does not admit liability by issue of this form. **WARNING - the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police with whom we always co-operate.**

DATA PROTECTION ACT

The insurance industry operates a number of anti-fraud initiatives. The information given on this form may be stored electronically and may be shared with other organisations for this purpose. I/We understand that you may ask for information from other organisations to check the answers I/we have provided.

Signature(s) _____ Date ___/___/___