

MISSED DEPARTURE CLAIM FORM

Claim Number: A claim number will be allocated once this form is returned



Claims Settlement
Agencies Limited

308-314 London Road, Hadleigh, Benfleet, Essex SS7 2DD
Tel: 0844 8262644 Fax: 0844 8262645
email: info@csal.co.uk www.csal.co.uk

Date: _____

Please use the above address for ALL correspondence & quote the above Claim Number in ALL subsequent communication.

When the Claim Form is received we aim to process it in five working days.

This claim form is being provided to you as requested in order that you can make a claim for Missed Departure under the terms and conditions of your travel insurance policy.

Below is a Document Check List – please ensure you provide the correct documentation when submitting your claim as failure to do so may cause delays. We suggest you keep a copy of this claim form and other documents for your own records.

IMPORTANT DOCUMENT CHECK LIST Have you enclosed or previously provided the following ORIGINAL (not photocopy) documents?	PLEASE TICK			
	Enclosed	Previously Sent	Not Available	Not Applicable
CERTIFICATE OF INSURANCE (or other proof of payment of insurance premium i.e. the Tour Operators booking invoice)				
HOLIDAY BOOKING INVOICE as issued by the booking Agent & Tour Operator				
THE ORIGINAL AIR TICKETS				
THE REPLACEMENT TICKETS AND INVOICES/RECEIPTS as appropriate to support additional costs (N.B. Your attention is drawn to the terms of the policy in this respect).				
A REPORT FROM THE GARAGE, AA, RAC ETC. confirming the date / time and circumstances in which they became involved (if applicable)				
A LETTER FROM THE PUBLIC TRANSPORT COMPANY giving full details of the disrupted service on which you travelled (if applicable)				

PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS – THANK YOU FOR YOUR CO-OPERATION

CLAIMANT DETAILS			
Q01. Claimant's Details: Title:	First Names:	Surname:	
Q02. Date of Birth: / /	Present Age:	Q03. Occupation:	
Q04. Address:			
Post Code:			
Q05. Home Tel:	Mob Tel:	Work Tel:	
E-mail:			

HOLIDAY & INSURANCE DETAILS			
Q06. Holiday booking date: / /	Period from: / /	to: / /	Number of days:
Q07. Number of people in your party:	Q08. Holiday Country & Destination:		
Q09. Name of the travel agent who issued the policy:			
Q10. Travel Insurance Policy Number (as shown on your insurance schedule):			
Q11. Policy issue Date (very important): / /			
Q12. Method of payment for the holiday (Delete as necessary): Credit Card / Debit Card / Cheque / Cash/ Other			
If credit card was used please provide details: Card Issuing Company:			

MISSED DEPARTURE CLAIM FORM

Claim Number: A claim number will be allocated once this form is returned

CLAIM DETAILS

Q13. Method of travel to departure point (delete as necessary): **PERSONAL CAR / TAXI / BUS / TRAIN / OTHER (describe):**

Q14. Expected Journey time to departure point: Hours Minutes | **Q15.** Actual Journey time to departure point: Hours Minutes

Q16. Date, Time & Place of incident causing the missed departure: Date: / / Time : am/pm Place:

Q17. Date, Time & Place from which you were scheduled to depart: Date: / / Time : am/pm Place:

Q18. Date, Time & Place from which you eventually departed: Date: / / Time : am/pm Place:

Q19. Circumstances giving rise to your missed departure:

Q20. What efforts were made (if any) to reach your departure point on time:

Q21. If you missed your departure due to an accident or fault of a Third Party please confirm;

a. Name & Address of Third Party

b. Their insurers (if known)

Claim Number:

Insured Name	Amount Claimed £

OTHER INSURANCE & PREVIOUS CLAIMS

Q22. Do you have any other insurance that covers the expenses you are claiming **YES / NO** If 'YES' please provide the full details of the policy holder (if different to claimant), the company name/address and policy number: Name of Policy Holder:

Company Name & Address:

Policy Number:

Q23. Has this claim been submitted (or will it be) to the other insurer or to any other party? **YES / NO** Their ref (if known):

Q24. Have you or any other person named on this form ever made any previous claims on this type of insurance **YES / NO** If YES please give details (please continue on a separate sheet if necessary):

DATA PROTECTION NOTICE

Claims Settlement Agencies Ltd may use your information together with other information for underwriting, statistical analysis and claims. We may disclose your information to our service providers, agents and business partners for these purposes.

We may also share your information with other interested parties and outside agencies to check the details and prevent fraudulent claims. We may also disclose your information to our agents to investigate or prevent fraud.

CUSTOMER DECLARATION – To Be Completed By ALL Persons Claiming Aged Over 16

Claims Settlement Agencies Ltd, agents and business partners may contact anyone who can give them information relevant to my claim. I/ We confirm that the information that I/ we give is true and if any of the information given by me/ us (or anyone on my/ our behalf) is incorrect, I/ we agree that such inaccuracy may cause me/ us to forfeit my/ our rights under the policy.

In the event of a Third Party being liable, on settlement of the claim I hereby subrogate my rights to the company to recover their costs.

Payments: Subject to admission of liability, we will make payment in favour of the claimant (aged over 16) as detailed in question 01 above but if an alternative payee is required please state below. I/ We have read and fully understood the above declaration.

Insured Name	Signature	Date of Birth	Date of Signature

PLEASE ENSURE THAT ALL RELEVANT DOCUMENTATION IS THE ORIGINAL AND NOT A PHOTOCOPY

MISSED DEPARTURE CLAIM FORM

Claim Number: A claim number will be allocated once this form is returned

PAYEE'S BANK DETAILS

IF WE APPROVE YOUR CLAIM, WE CAN CREDIT THE MONEY DIRECT TO YOUR BANK ACCOUNT. THIS METHOD IS QUICKER, SAFER AND MORE RELIABLE THAN PAYMENT BY CHEQUE. IF YOU WOULD LIKE US TO DO THIS, PLEASE COMPLETE THE FOLLOWING:

Name of your Bank/Building Society:			
Bank Sort Code:			
Account Number:			
Name of Account Holder(s):			