

**D****TRAVEL DELAY, MISSED DEPARTURE  
ABANDONMENT, PISTE CLOSURE**Claims Dept  
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Dear Customer,

In order that we can process your claim quickly, please complete all relevant sections of the claim form, giving as much detail as you can and **return it to us at the above address**, together with the following **ORIGINAL** documentation. Please note that in the interest of protecting ourselves from fraud we are unable to accept photocopied receipts or invoices.

We recommend that you keep your own copy of all documents forwarded to us.

To help you enclose the correct paperwork to support your claim we have put together a checklist. Please ensure you read this carefully, as failure to supply the correct documents may delay our assessment of your claim.

**CHECKLIST OF DOCUMENTS REQUIRED****ALL CLAIMS**

- DOCUMENTATION SHOWING YOUR TRAVEL DATES AND FULL COST OF THE TRIP (booking invoice)
- PROOF OF INSURANCE i.e. certificate/schedule or confirmation email. As claims handlers we do not hold this information
- EVIDENCE OF PRE-PAYMENT FOR EXCURSIONS BOOKED THE SAME TIME AS THE MAIN TRIP

**FOR DEPARTURE DELAY**

- A LETTER FROM THE CARRIER CONFIRMING THE REASON FOR THE DELAY
- THE SCHEDULES SHOWING THE PLANNED AND THE ACTUAL DEPARTURE TIMES

**FOR MISSED DEPARTURE**

- ORIGINAL UNUSED TICKETS
- TICKETS FOR ANY ADDITIONAL TRAVEL
- PROOF OF AMOUNT PAID FOR ANY ADDITIONAL TRANSPORT USED TO GET YOU TO YOUR DESTINATION
- WRITTEN EVIDENCE OF THE BREAKDOWN OR ACCIDENT TO YOUR VEHICLE
- WRITTEN EVIDENCE TO CONFIRM ANY PRE-BOOKED PUBLIC TRANSPORT
- SCHEDULE SHOWING PLANNED AND ACTUAL DEPARTURE TIMES

**FOR ABANDONMENT AFTER 24 HOURS**

- A LETTER FROM THE CARRIER CONFIRMING THE REASON FOR THE DELAY
- SCHEDULES SHOWING PLANNED AND ACTUAL DEPARTURE TIMES
- CARRIER / TOUR OPERATORS CONFIRMATION THAT NO ALTERNATIVE TRANSPORT WAS OFFERED TO YOU

**FOR PISTE CLOSURE**

- WRITTEN EVIDENCE FROM RESORT AUTHORITIES OR TOUR OPERATOR CONFIRMING THE TOTAL CLOSURE OF THE SKIING FACILITIES AT YOUR RESORT STATING: THE REASON FOR CLOSURE, THE DATE AND TIME OF THE TOTAL CLOSURE, AND THE DATE AND TIME THE SKIING FACILITIES RE-OPENED.

You should note that all the information provided to us on this form will be stored electronically in accordance with The Data Protection Act and shared with the Insurance Industry Fraud Prevention Unit. If you make a fraudulent or intentionally exaggerated claim this will invalidate your claim and we will pursue a recovery through the civil courts in all cases.

We do understand that it may take time to collect all the documentation required but please try to submit your claim as soon as possible after the event.

Yours faithfully

Travel Claims Facilities

# CLAIM FOR DEPARTURE DELAY, MISSED DEPARTURE, ABANDONMENT, PISTE CLOSURE

Claim Reference Number: TBA

Please complete all sections of this form and check the list of additional documents you need to send in order that we can assess your claim. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim.

## TO BE COMPLETED BY THE CLAIMANT

Title:	<input type="text"/>		
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
Post Code:	<input type="text"/>		
Telephone:	<input type="text"/>	Date of Birth:	<input type="text" value="DD / MM / YY"/>
Email:	<input type="text"/>		

## DETAILS OF THE INSURANCE POLICY

Where / who did buy your insurance from:	<input type="text"/>		
Policy name:	<input type="text"/>	Date Policy Issued:	<input type="text" value="DD / MM / YY"/>
Policy number:	<input type="text"/>	Master Policy Number:	<input type="text"/>
<small>Found on Schedule, Certificate, or Booking Invoice</small>		<small>Found on policy wording (ABCDE400...)</small>	
Destination:	<input type="text"/>	<small>i.e. Europe / Worldwide</small>	

## DETAILS OF TRIP

Travel Agent / Tour Operator:	<input type="text"/>		
Date trip booked:	<input type="text" value="DD / MM / YY"/>	Date final balance paid:	<input type="text" value="DD / MM / YY"/>
Method of payment (cash, cheque, debit card, credit card):	<input type="text"/>		
Trip Dates From:	<input type="text" value="DD / MM / YY"/>	To:	<input type="text" value="DD / MM / YY"/>

Please complete the following section if your travel arrangements were delayed at the beginning or end of your trip

## DEPARTURE DELAY - DETAILS OF CLAIM

Was the delay caused on your outbound or inbound journey?	Outbound:	<input type="checkbox"/>	Inbound:	<input type="checkbox"/>		
Scheduled departure date:	<input type="text" value="DD / MM / YY"/>	Time:	<input type="text" value="HH / MM"/>			
Actual departure date:	<input type="text" value="DD / MM / YY"/>	Time:	<input type="text" value="HH / MM"/>			
Airport / Station or Port:	<input type="text"/>	Was this your international departure point?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Airline / Operator:	<input type="text"/>	Flight / Ticket Number:	<input type="text"/>			
What time did the check-in desk open according to your itinerary?	<input type="text" value="HH / MM"/>					
What time did you actually check-in?	<input type="text" value="HH / MM"/>					
How long was your departure delayed from its scheduled time?	<input type="text" value="HH / MM"/>					
What reason was given for the delay?	<input type="text"/>					

# CLAIM FOR DEPARTURE DELAY, MISSED DEPARTURE, ABANDONMENT, PISTE CLOSURE

Claim Reference Number: TBA

Please complete all sections of this form and check the list of additional documents you need to send in order that we can assess your claim. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim.

Please complete the following section if you had to make alternative arrangements to reach your international departure point.

## MISSED DEPARTURE - DETAILS OF CLAIM

Date of planned departure:

Planned time:

Date of actual departure:

Actual time:

Describe the reason for the late arrival and at what point the delay in the journey occurred:

What alternate arrangements were offered to you:

Who made the arrangements:

If the claim was caused by mechanical failure of your own transport, please provide proof of the breakdown (garage receipt or breakdown service invoice). Please tick box to confirm attached:

Additional costs involved on missed departure:

DATE	ITEM	BILL FROM	CURRENCY	AMOUNT
<input type="text" value="DD / MM / YY"/>				
<input type="text" value="DD / MM / YY"/>				
<input type="text" value="DD / MM / YY"/>				
<input type="text" value="DD / MM / YY"/>				
<input type="text" value="DD / MM / YY"/>				

If the claim had been caused by you being involved in a road traffic accident making your vehicle undrivable, please provide details of the driver and their insurance:

Title:  First Name:  Surname:

Address:

Post Code:

Insurance company:  Certificate Number:

Has a claim been submitted under any other insurance policy? Yes:  No:

If yes, please advise the claim reference and details:

**CLAIM FOR DEPARTURE DELAY, MISSED DEPARTURE, ABANDONMENT, PISTE CLOSURE**  
Claim Reference Number: TBA

Please complete all sections of this form and check the list of additional documents you need to send in order that we can assess your claim. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim.

Please complete the following section if you abandoned your trip after a delay.

**ABANDONMENT**

In respect of cancellation due to travel delay longer than 24 hours (dependent on your policy terms) on your outbound trip.

Total amount paid for trip: £  Number of people claiming:

Total of all refunds received: £  Total amount being claimed for unused trip: £

Please advise the name of the person to whom the settlement cheque should be payable:  please print

Please complete the following section if you are claiming for lack of snow at your winter resort

**PISTE CLOSURE**

Date piste closed:  DD / MM / YY Time piste closed:  HH / MM

Date piste re-opened:  DD / MM / YY Time piste re-opened:  HH / MM

Reason for piste closure:

**DECLARATION**

- ✓ I/We declare that all the details provided above are true and accurate to best of my knowledge.
- ✓ I/We give consent for Travel Claims Facilities 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 Travel Claims Facilities may seek to recover any costs through the civil courts.

Once you have read and agreed to the above declarations, please sign and date below.

Signed:  Dated:  DD / MM / YY

Please print name:

## SETTLEMENT BY BACS

For your convenience and to offer an efficient smoother service, we would like to pay any claim settlement due directly into your bank account. Please provide your details on this form, remembering to sign and date below.

If you do not wish to provide your bank details, any settlement due on your claim will be issued by cheque and may take a little longer to process.

### YOUR DETAILS

Name of Claimant

### BANK ACCOUNT DETAILS

Name of Payee

This should be the same as held on the bank account

Bank Name

Bank Address

Bank Address

Bank Address

Country

Post Code

Bank Account number

Sort Code

If your bank account is held abroad, please also enter the following details:

IBAN / BIC number

Swift code

Signed

Dated

We do not accept liability for any errors due to the incorrect bank details being provided by you.