

Global Travel Plan

Travel Claim Form

Please complete this form in **BLOCK CAPITALS** using black ink, and return it to us by email or post. You can find our contact details at the end of this form.

Please complete this section of the claim form in as much detail as possible, continuing onto another sheet if necessary.

A SECTION A

Section A is to be completed by the plan holder.

Claimant's personal details

Full name: Title:
 Address: Plan number:
 Date of birth:
 Email address: Tel: Fax:

Details of travel

Tour operator: Travel agent:
 Country visited: Date holiday booked:
 Due departure date: Due return date: Actual return date:
 No. of nights: Date of incident:
 Are there any other insurances in force (e.g. household contents, all risks, other travel)? Yes No
 If YES, please give details:

 Have you ever had any previous travel insurance losses? Yes No
 Give details of any previous claims including name and address of insurers and approximate dates:

Complete this Section A fully and the other section(s) relevant to your claim. You should then check the information supplied carefully before signing the declaration. Tick which other section(s) you have completed.

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|---|--------------------------|---------------------------------------|--------------------------|
| Section B - Loss of deposit, cancellation, curtailment | <input type="checkbox"/> | Section E - Inability to ski | <input type="checkbox"/> |
| Section C - Baggage, personal effects, money | <input type="checkbox"/> | Section F - Ski hire | <input type="checkbox"/> |
| Section D - Travel delay, missed departure, repatriation | <input type="checkbox"/> | Section G - Personal liability | <input type="checkbox"/> |

Declaration

I confirm that I have taken out an insurance with William Russell Ltd. I declare that to the best of my knowledge and belief all information provided on this claim form and/or any attached documentation is correct.

I understand that some of the information I have provided will be made available to other insurers for claims handling purposes. I consent to the seeking of information from other insurers to check the answers I have provided, and I authorise the giving of such information. I recognise the company's right of subrogation in relation to any potential recover.

Signature: Date:

B SECTION B - LOSS OF DEPOSIT, CANCELLATION AND CURTAILMENT

Indicate what type of claim is being made: Loss of deposit Cancellation Curtailment

Name of person causing cancellation/curtailment:

Relationship to person(s) claiming:

Reason for cancellation/curtailment i.e. death or nature of illness, injury, or other causes:

Date of death, accident, onset of illness, or other cause necessitating cancellation/curtailment:

Date of holiday cancelled: By phone In writing If curtailed, date returned to country of residence:

Names of all person who are claiming/curtailing:

1.	Age:	4.	Age:
2.	Age:	5.	Age:
3.	Age:	6.	Age:

Details of amounts claimed (please include currency)

Total deposits paid (excluding insurance premiums): Date deposit paid:

Total balance paid (excluding insurance premiums): Date deposit paid:

TOTAL (excluding insurance premiums):

Cancellation claims only (please include currency)

Total amount claimed (tour operators cancellation charges): Does this represent deposit only? Yes No

Total amount refunded by tour operator/airline etc.: Does this represent full cost of the holiday? Yes No

Important notes

1. For cancellation due to illness or injury or death, the Medical Certificate below must be completed at the insured's expense by the usual doctor of the person whose condition made cancellation necessary. If due to death please also forward a copy of the death certificate.

May we contact the doctor direct if any points need clarifying? Yes No

Signature of patient/next of kin:

2. If cancellation is due to redundancy, it is essential that you send a letter from the employer confirming redundancy qualifies for statutory payment under the Employment Protection Act.

3. Curtailment claims only: if curtailment is due to illness or accident a letter is required from the doctor consulted in the resort confirming that it was medically necessary to return home early.

Documents required

Please note photocopies of documents are not acceptable.

1. Tour operator's original invoice

2. Tour operator's cancellation invoice showing the amount levied by the tour operator required for cancellation claims only. Please note the travel agent's cancellation account is not sufficient.

3. Any flight tickets, ferry tickets etc.

Medical certificate

This section is to be completed by the physician of the person whose condition gives rise to the claim for cancellation or curtailment. Medical certificate - this certificate is to be furnished at the claimant's expense.

Name of patient: Date of birth:

Relationship to claimant:

If cancellation or curtailment has been caused due to an illness please confirm:

Diagnosis of the illness:
Date of onset of illness: Date on which patient first consulted you regarding this illness:
Details of any previous medical history of this or any related condition including dates of consultations and details of treatment given:
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If cancellation or curtailment has been caused due to an accident please confirm:

Date of accident: Description of injuries sustained:
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Cause of accident:
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If cancellation or curtailment has been caused due to pregnancy please confirm:

Estimated date of delivery: Date on which pregnancy confirmed:
Why pregnancy necessitated cancellation or curtailment of the holiday:
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Please give details of any chronic and/or recurring illnesses of a serious nature the patient has suffered in the past: .

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If the patient has died please confirm the date of death:

If the patient was given a terminal diagnosis please state the date on which this was ascertained and whether or not the patient was advised:

If the patient has ever suffered from any psychiatric condition please give details:

Please comment on the reason why it was necessary for the claimant to cancel or curtail their trip due to the condition of the patient:

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If the patient is the claimant, please state the date on which they were, or will be, fit enough to travel:

Declaration by physician

I have examined the patient and/or referred to his/her medical records and I declare that the information given is correct and that no details relevant to the case have been omitted.

Name: Signed:

Qualifications: Date:

PLEASE VALIDATE THIS INFORMATION WITH YOUR STAMP:

C SECTION C - BAGGAGE, PERSONAL EFFECTS AND MONEY

Details of circumstances

Please indicate whether items were: Lost Damaged Stolen Date of loss/damage/theft:

Describe FULLY how the loss/damage/theft occurred (if applicable, further information and a diagram may be provided on an addition piece of paper):

Property last seen or known to be undamaged: Exact place:

Date: Time (AM/PM):

Property discovered missing or damaged: Exact place:

Date: Time (AM/PM):

Was the property: Hand luggage Other luggage On your person

Please give details of who was responsible for the property at the time:

Name: Address:

If property was unattended, please explain why and for how long:

If theft from car, was it: Own vehicle Hire vehicle Friend or acquaintance's vehicle Other:

Make: Model: Registration number:

Exactly where in the car had the item(s) been left?

Name/address of car owner:

Name and address of car owner's insurers:

Policy number: Policy cover: Comp TPFT TP Only

Details of household contents or all risk policy

Please complete this section in full. Please provide the full name and branch address of your household contents/all risk insurers and a photocopy of your up to date policy schedule. Where the insurance is incorporated as part of your mortgage, please supply the name and branch address of the bank building society concerned as well as the mortgage account number. Please ensure these details are supplied for each claimant.

Name: Policy/mortgage account number:

Address:

Are any items for which you are claiming specified on this policy? Yes No

If YES, please indicate which terms:

Are you or will you be claiming under this or any other insurance? Yes No

If YES, please provide further details:

Details of reporting

Loss in transit:

Did loss or damage occur in the custody of: Airline Coach co. Other

If YES, please state the name and address of company:

Flight no.: Date:

From (airport): To (airport):

Was a Property Irregularity Report completed? Yes No Date reported to carrier:

Carrier's reference:

Loss whilst at resort:

Have you reported the loss to:

Courier Yes No

Hotel manager? Yes No

Police? Yes No Please supply the name and address of police station concerned:

If loss from hotel/apartment/villa room:

Was the door locked? Yes No Where was the key?

Who else had keys? (Manger, cleaners, etc.)

How was entry made?

Was there a safety deposit, safe facilities, or security available? Yes No

Action taken to recover lost property

Please state fully the action taken to recover lost property:

To whom was loss notified: Was a written report obtained? Yes No

Have you contacted them since to check if the property was found? Yes No If so, when?

Owner of property (item by item)	Description of property lost, destroyed, damaged or stolen	Date of purchase	Place of purchase	Original price paid	Net amount claimed	Delayed baggage	Office use only

(Attach separate list if necessary)

ALL COLUMNS MUST BE COMPLETED

Total amount:

Details of loss of money

Owner of cash	Where obtained	Date obtained	Amount of lost/stolen money	Exchange rate	Total amount claimed

If the claim includes travellers' cheques, has your bank or issuing office been informed of the loss? Yes No

Please advise amounts of both home and foreign currency and travellers' cheques taken on holiday with you:

D SECTION D - TRAVEL DELAY AND MISSED DEPARTURE

Travel delay

This section applies only to delay in departure of first outwards or first return leg of journey.

Airport (port of departure) Number of persons claiming:

Date of scheduled departure: Time: Time leaving home:

Date of actual departure: Time: Total length of delay:

Please state the reason for the delay/misssed departure:

Documents required

Please note photocopies of documents are not acceptable.

1. Letter from carrier confirming the time, length and reason for delay.
2. Provide documentary evidence of the cause of the delay in arriving at the airport too late to commence booked trip.

If they delay results in cancellation of trip, please also complete Section B.

E SECTION E - INABILITY TO SKI

Brief description of injury or illness:

Date of the onset of illness or injury: Total cost of ski pack: Number of days lost:

Piste closure

If the piste on which you were due to ski was closed, did you travel to an alternative site? Yes No

If YES, for how many days did you travel to an alternative?

If YES, what was the total cost of transport to the alternative site?

If NO, for how many days were you unable to ski due to piste closure?

Documents required

Please note photocopies of documents are not acceptable.

Inability to ski:

1. Confirmation from treating doctor showing you were unable to ski
2. Invoice or receipt detailing cost of ski pack

For piste closure:

1. Confirmation from resort that piste was closed
2. Receipts for travel expenses to an alternative site

F SECTION F - SKI HIRE

Please give the cost of hiring skis and bindings (please supply receipts):

G SECTION E - PERSONAL LIABILITY

State full details of any claim being made against you:

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Please attach any correspondence received from third party. Do not reply to any correspondence or admit liability verbally or in writing.

Who do you consider was responsible and why?

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