



c/o Abco Kovex Building
Swords Business Park
Swords
Co. Dublin
Tel: 0818 286878
0845 601 6556(NI/UK)

TRAVEL INSURANCE CLAIM FORM

WEB CLAIM

Personal Details – to be completed for all claims

Title	First Name	Surname	Date of Birth	Occupation

Daytime Contact Telephone No:

Address of person to whom all correspondence should be sent :

Address:

 Email Address:

Name of person to whom any claim payments should be made:

Policy Details

Schedule Number: Policy Type:
 Issue Date of Policy Excess Waiver Paid

Trip Details

Date of Booking	Country Visited
Planned Departure Date	Resort / Town Visited
Planned Return Date	Travel Agent Name
Total No of Days	Travel Agent Phone No

Previous Claims

Have any of the claimants previously made a claim under any travel insurance policy? Yes / No

If "YES" please give details below:

Insurance Co	Date of Claim	Amount of Claim	Type of Claim

Claimant Declaration

The information I/We have given is true. If any of the information I/We have given or any of the information given on my/our behalf is incorrect, I/We understand that you will be able to take away my/our rights under this policy.
 I/We understand and give explicit consent that the information I/We provide, including any sensitive information such as my/our health records, will be passed to or used by Travel Claims International/your insurers for my/our insurance. I/We understand that Travel Claims International will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties. Travel Claims International maintain all data in accordance with the provisions of the Data Protection Act.

Policy Holder must sign. A parent or guardian may sign on behalf of children under 16 years of age.

Name (Please Print)	Signature	Date



Personal Money

1. Incident Detail:

Date & Time of Incident:	/ /	:	
Place where incident occurred		Type of Claim: (Please Specify)	Loss
			Damage
			Theft
			Delay

2. Tick which authorities were notified and attach the report obtained:

Police Station	<input type="checkbox"/>	Railway Authorities	<input type="checkbox"/>	Airline	<input type="checkbox"/>	Ferry Company	<input type="checkbox"/>	Hotel Manager	<input type="checkbox"/>
Holiday Representative	<input type="checkbox"/>	Other	<input type="checkbox"/>	Not Reported	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Date & Time Reported :	/ /	:							

3. If not reported, please explain why:

4. If the incident was reported, but no written report was obtained, please quote reference no and contact telephone number of authority to whom the incident was reported:

Reference No		Telephone Number:	
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5. Please describe fully the details of the incident, stating where your money was immediately prior to the incident and who was responsible for it:

1. Detail the precautions you took to protect your money:

2. Detail the actions you took to recover your money:

3. Have you received any compensation from a third party in relation to this claim i.e. Airline Transport Company, other Insurance Policy etc. **Yes / No**

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4. If "Yes", from whom?

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5. Do you have Household Contents Insurance?

If "Yes" please provide details:

Insurer's Name		Policy No	
Insurer's Address			

Note: The information given in section 10, may be passed to your household insurers. They will give us information about your policy with them, and we may ask them for a contribution to this claim. A contribution payment is normal practice where two or more policies cover the same item(s).



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Personal Money (Contd)

6. Please detail all money taken on your trip and all money which was lost or stolen for which you are claiming:

MONEY TAKEN ON TRIP				MONEY LOST OR STOLEN			
Owner of Money	Date of Withdrawal	Total Euros	Non-Euros	Travellers Cheques	Euros Cash	Non-Euro Amount	Travellers Cheques
Total Amount Claimed in Euros							

Documents you need to send to Us – Send ORIGINAL DOCUMENTS

1. Original Insurance Certificate.
2. Original Booking Invoice / Travel Tickets
3. Proof that you withdrew the money i.e. Bank statement, credit card statement, Exchange Receipt.
4. Report confirming that bank cards and/or credit cards have been stopped (if applicable)
5. Report from appropriate authority confirming money was lost or stolen.