

# Notification Claim Form

Claim Notification Reference:

\_\_\_\_\_

(For Office Use Only)

Your Details:

Name:

\_\_\_\_\_

Type of Claim:

\_\_\_\_\_

Date:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

## Important information / What next?

1. Please complete the attached claim form
2. Any additional notes/comments please attach to the back of this form
3. Please list supporting documentation that will be attached to this claim form:

a)

\_\_\_\_\_

b)

\_\_\_\_\_

c)

\_\_\_\_\_

d)

\_\_\_\_\_

e)

\_\_\_\_\_

f)

\_\_\_\_\_



# Notification Claim Form

goodtogoinsurance.com

Travel Details:

Date booking the trip:

---

Departure Date:

---

Return Date:

---

Country:

---

Purpose of trip:

---

---

---

What are you claiming for:

---

---

---

---

---

---

Amount: £

---

# Travel Delay Claim Form

goodtogoinsurance.com

Please confirm the reason for your delayed departure: Please tick  and obtain a letter from the airline to confirm this

Strike  Industrial Action  Weather Conditions  Mechanical/Technical  Other

If Other, please provide details:

---

1. State scheduled date and time of departure: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. State actual date & time of departure: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Number of hours delayed \_\_\_\_\_
4. Please confirm if the delay occurred on your outbound/ return flight from the UK, or if the delay occurred on a connecting flight

---

5. Amount Claimed \_\_\_\_\_ £

If claiming for the abandonment of your trip due to travel delay on your outbound journey please provide a letter from the airline confirming you did not travel and no money has been refunded.

## Missed Departure/ Journey Continuation

Please confirm the reason for your missed departure: Please tick box:

Accident/ electrical or mechanical breakdown  Exceptional/ Unforeseen traffic conditions  Other

1. Date of missed departure: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Date of actual departure: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Please confirm if your flight occurred on your outbound/ return flight from the UK, or if the delayed occurred on a connecting flight:

---

# Travel Delay Claim Form

4. Report obtained from the appropriate authority confirming reason for missed departure provided (i.e Highway Agency, breakdown recovery) Yes  No

5. Please list expenses incurred in reaching your booked destination:

Expenses claimed i.e.) Flight / Train / Ferry / Accommodation	Expenses claimed	Receipt/ Invoices supplied	Office Use Only

Do you hold any form of bank account/ credit card that offers you complimentary travel insurance that cover the circumstances surrounding your claim? Yes  No

If **YES**, please confirm the following:

Card number: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Card Type (Gold, Platinum, Standard): \_\_\_\_\_

Has a claim to a third party been submitted? Yes  No

If **YES**, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other relevant policy that may cover the circumstances surrounding your claim? Other policies, Barclaycard, Amex Yes  No

# Travel Delay Claim Form

If **YES**, please provide details:

---

---

If the claim is in relation to injury please confirm the following:

1. An outline of the circumstances giving rise to the accident

---

---

---

2. If a third party was involved the name and address of the Third Party and their insurance details if known

---

---

---

3. In the event that you are pursuing a claim for damages against a Third Party please provide the name and address of any solicitor who may have been appointed and there reference number

---

---

---

4. If no Third Party was involved please clarify who or what was at fault and why

---

---

---

# Travel Delay Claim Form

goodtogoinsurance.com

If your claim is agreed, how would you like to be paid (please tick ONE  ONLY)

Cheque:

Confirm payee name:

---

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

Bank Name:

---

Branch:

---

Bank Sort Code:

---

Account Number:

---

Account Holder:

---

Type of Account (Current, Gold, Platinum etc):

---

## DECLARATION

**IMPORTANT- Failure to sign will result in your claim form being returned.**

I/we declare that the above statements are true and correct to the best of my/out 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.

## IMPORTANT

In the event of a third party being liable, all rights in this matter are subrogated to the travel insurance underwriters or their agents on all settlements of this claim.

Signature:

---

Date: \_\_\_/\_\_\_/\_\_\_