

Cox Claims Management Limited

TRAVEL DELAY/JOURNEY CONTINUATION & PERSONAL LIABILITY CLAIM FORM

Cardigan House, Castle Court, Phoenix Way, Swansea, SA7 9LA
Claims Assistance – Tel: 0870 606 0096 Facsimile: 01792 762799

IMPORTANT: THE FOLLOWING DOCUMENTS ARE REQUIRED TO SUPPORT ALL CLAIMS.

(Please send **ORIGINAL** documents as photocopies and faxes are not acceptable)

- a) Certificate of Insurance including endorsements if any.
- b) Tour operators booking invoice showing cost inc. insurance premium.
- c) Tour operators receipt showing total paid.
- d) Airline, Ferry, Coach tickets unless returned for refund.
- e) Travel itinerary.
- f) Proof Insurance premium paid if not issued through the tour operator.
- g) Written confirmation from police, train operator, coach operator, garage or motoring assistance company of the reason for and the length of delay together with original receipts for additional expenses incurred.
- h) Written confirmation from the carrier stating the exact reason for delay, the scheduled departure date and time and the actual departure date and time.

1. CERTIFICATE

Number _____
Policyholder's Name _____

2. CLAIMANT (S) - To be completed for all Claimants

- a) Name _____
Occupation _____ D.o.B. _____
Relationship to Policyholder _____
 - b) Name _____
Occupation _____ D.o.B. _____
Relationship to Policyholder _____
 - c) Name _____
Occupation _____ D.o.B. _____
Relationship to Policyholder _____
 - c) Name _____
Occupation _____ D.o.B. _____
Relationship to Policyholder _____
- Address _____
Post Code _____
- Daytime Phone _____
Country of Residence _____

3. TRAVEL DETAILS

Travel/Tour Operator _____
Travel Destination _____
Departure Date _____
Return Date _____
Date Insurance Purchased _____

4. TRAVEL DELAY

Reason for delay _____

Scheduled date and time of departure _____
Flight/Ferry Number _____
Actual date and time of departure _____
Flight/Ferry Number _____
No of hours delayed _____
Airline/Ferry Company _____
Total claimed £ _____

5. JOURNEY CONTINUATION – Please list expenses overleaf

Departure point for trip _____
Point of connection failure _____
Reason for missed connection _____

Method of transport (air, coach etc) _____
How did you rejoin trip? _____

Item 1 _____ £ _____
Item 2 _____ £ _____
Item 3 _____ £ _____
Item 4 _____ £ _____
Total claimed £ _____

6. PERSONAL LIABILITY – Please list details of claim overleaf

Name and address of holiday hotel/residence _____

Date and time of incident _____
Location of incident _____

Full details of circumstances of incident _____

Have you admitted liability? YES/NO
If YES, please explain why _____

Total claimed £ _____

7. CAR HIRE EXCESS WAIVER

Details of Loss _____

DECLARATION: To be signed by all claimants

I/We declare all the information supplied is true and correct in every aspect and that no relevant information has been withheld. I/We understand that some of the information provided may be made available to other Insurers for Underwriting and Claims Handling purposes. I/We consent to the seeking of information from other Insurers to check the answers I/we have provided and I/we authorise the giving of such information.

On settlement, I/we transfer all rights of subrogation, salvage and recovery to the Insurer and/or their Claims Handlers.

Signature _____ Date _____ Signature _____ Date _____
Name (please print) _____ Name (please print) _____
Signature _____ Date _____ Signature _____ Date _____
Name (please print) _____ Name (please print) _____

