

**TRAVEL – DELAY/DISRUPTION CLAIM FORM**  
 (Please return this form to your Insurance Broker or  
 claims@oak-underwriting.com)



<b>Details of the Policy Holder and Policy:</b>	
Name:	
Address:	
Post Code:	
Telephone Number:	
Work Telephone Number:	
Email Address:	
Date Of Birth:	
Policy Number:	
Renewal Date:	
<b>Planned Travel Dates:</b>	
Outward Journey Date/Time:	
Return Journey Date/Time:	
Country:	
Destination:	
<b>Name of persons claiming under this insurance:</b>	
1)	
2)	
3)	
4)	
5)	
6)	
<b>Required Documentation:</b>	
Please send the following documentation (where relevant) in order to prevent any delays on your claim.	
Holiday booking invoice showing the date the holiday/trip was booked, who was booked to travel, the travel dates, the destination and the amounts paid.	
Letter from the airline/carrier confirming the duration of the delay and the reason for delay.	
<b>Travel Delay:</b> In the event of you abandoning your trip due to delay please forward the original cancellation invoice from the tour operator/ travel agent (showing any refund received)	
<b>Travel Disruption:</b> In the event of your planned travel arrangements being disrupted please forward the original receipts/proof of payment for the incurred additional travel and accommodation expenses (only)	
<b>Travel Disruption:</b> Written report from the appropriate authorities confirming the disruption to your pre-planned travel arrangements.	
<b>Travel Delay:</b>	
Please confirm the reason for the delay:	
When were you first made aware of the delay (Date and Time):	
<b>Original scheduled departure details:</b>	
Date/Time:	
Flight/Ferry Number:	
<b>Actual Departure details:</b>	
Date/Time:	
Flight/Ferry Number:	
Total number of hours/minutes delay:	

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**Abandonment:**

*You only need to complete this section if your outward journey was delayed and you chose to abandon your trip/holiday.*

Date/Time decision made to abandon the trip/holiday:	
Amount paid for holiday (Per Person)	£
Total Holiday Cost:	£
Refunds received/due from Tour Operator:	£
Total amount claimed	£

**Travel Disruption:**

*Details of costs incurred to reach the final destination or to reach home:*

Type of expense (Travel/Accommodation)	Amount paid	How was payment made? (Cash/Credit Card)
	£	
	£	
	£	
	£	
	£	
Total	£	

Original date/time for check-in:	
Flight/Ferry Number:	
Actual date/time for check-in:	
Flight/Ferry Number:	
How did you originally intend to travel (e.g. Car, Coach, Train etc...) to the airport/ferry terminal?	
When did you leave to reach your planned departure point? (Date/Time)	
When did you finally reach your intended destination? (Date/Time)	
How did you originally intend to reach your final destination/home (e.g. Car, Coach, Train etc...)	
Is there any other insurance in force on the loss claimed for?	Yes / No

If "Yes" Name and address of insurer:	
Policy/Reference Number:	

**Bank Details:**

Account Name:	
Account Number:	
Sort Code:	
Name of Bank:	

*I/We declare that to the best of my knowledge and belief all information provided is correct. I understand that some of the information I have provided will be made available to other insurers for claim 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 agree that I will supply all requested, necessary documents in support of my claim at my expense.*

Date:	Signature(s):
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