Travel Insurance claim

Claim Ref:

Linkham Services
Unit/Office 36, 88-90 Hatton Garden
London, EC1N 8PN

Please answer all the questions contained in this claim form, leaving items blank, using ticks, dashes and N/A may make it necessary for us to return your claim forms or lead to us asking unnecessary questions thus delaying the processing of your claim.

NOTICE: WE WILL NEED YOUR INTERNATIONAL BANK ACCOUNT DETAILS (IBAN AND SWIFT CODES INCLUDED) AS ANY REIMBURSEMENT WILL BE PAID BY INTERNATIONAL BANKING TRANSFER.

Personal details - Required for all claims

Claimant Details		Home Address	
Mr/Mrs/Miss/Ms			
Surname			
Forenames			
Date of birth		Postcode	
National Ins No.		Tél. personnel	Work tel.
Nationality		E-mail	
IBAN			
SWIFT (BIC)			
Account Holder			

Policy and travel details

Policy number	
Date issued	
Departure date	
Return Date	
No. In party	
Destination(s)	

Type and amount of claim

Policy Benefit	£'s / €'s Claimed
Medical Expenses abroad	
Hospital Expenses	
Convalescence Benefit	
Cancellation	
Baggage Delay	
Loss/Damage/Theft of baggage	
Legal Expenses	

Important Note: Some of the benefits detailed may not be available upon the policy you hold.

It is against the law to submit a fraudulent insurance claim. If your claim is found to be fraudulent your claim will be declined and the authorities informed.

1. I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would effect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Linkham Services nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.

2. I/We understand that the information on this form will be passed to or used by Linkham Services for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.

3. I/We give my/our authority to Linkham Services to contact my household insurers or medical insurers or other travel insurers regarding a contribution.

I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimants Name	Claimants Signature	D.O.B.	Dated

LINKHAM SERVICES

Travel Delay and Missed Departure

Claim Ref:

Please answer ALL questions - BLOCK CAPITALS PLEASE

Travel Delay Claims

Scheduled Departure. Date ___/___/___ Time _____ Length of delay (hours and minutes). _____

Actual Departure. Date ___/___/___ Time _____ Name of Carrier _____

Missed Departure Claims

1. Scheduled and actual travel dates and times.

Date you departed your home address or resort ___/___/___

Date you were scheduled to leave the international departure point ___/___/___

At what point in your journey did the delay occur? _____

Time you departed your home address or resort _____

Time of scheduled international departure. _____

At what time did you actually depart following the delay? _____

Place of scheduled departure. _____

Time the check-in for your international departure closes? _____

How long were you delayed from the point of your intended departure and your actual _____

2. Please give details of the incident leading to your missed departure, continue on a separate sheet if necessary.

3. If this claim is being submitted as a result of a motor vehicle accident involving a third party please provide their details and those of their insurers below.

Third party name. _____

Insurer name. _____

Third party address. _____

Insurer address. _____

Post code. _____

Post code. _____

Tel No. _____

Policy reference and claim No. _____

4. Please detail the additional expenses incurred below (use a separate sheet if required).

Ref No.	Date	Description of item	Bill From	Amount	Currency

5. Other Insurance

Has a claim been submitted under any other insurance policy? **YES** **NO** If yes, give details and a claim reference number below.

Have you received any compensation in respect of this matter already? **YES** **NO** If yes, please confirm the amount _____