

Travel Insurance claim

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

Claim Ref:

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	Mr/Mrs/Miss/Ms	<input type="text"/>	Home Address	<input type="text"/>		
	Surname	<input type="text"/>		<input type="text"/>		
	Forenames	<input type="text"/>		<input type="text"/>		
	Date of birth	<input type="text"/>	Postcode	<input type="text"/>		
	National Ins No.	<input type="text"/>	Tél. personnel	<input type="text"/>	Work tel.	<input type="text"/>
	Nationality	<input type="text"/>	E-mail	<input type="text"/>		
	IBAN	<input type="text"/>				
	SWIFT (BIC)	<input type="text"/>				
	Account Holder	<input type="text"/>				

Policy and travel details		Type and amount of claim	
		Policy Benefit	£'s / €'s Claimed
Policy number	<input type="text"/>	Medical Expenses abroad	<input type="text"/>
Date issued	<input type="text"/>	Hospital Expenses	<input type="text"/>
Departure date	<input type="text"/>	Convalescence Benefit	<input type="text"/>
Return Date	<input type="text"/>	Cancellation	<input type="text"/>
No. In party	<input type="text"/>	Baggage Delay	<input type="text"/>
Destination(s)	<input type="text"/>	Loss/Damage/Theft of baggage	<input type="text"/>
		Legal Expenses	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



