

# Notification Claim Form



Type Of Claim: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal 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)

\_\_\_\_\_

4. Please post the completed claim form along with any attachments to:

OSG  
Merrion Hall  
Strand Road  
Sandymount  
Dublin 4  
Ireland

## Policy Information:

Policy Number:

\_\_\_\_\_

Purchased from:

\_\_\_\_\_

Type of Policy:

\_\_\_\_\_

Dates covered:

\_\_\_\_\_

Additional Cover:

\_\_\_\_\_

# Notification Claim Form



---

---

---

Medical Conditions:

---

Endorsements:

---

## Claimant Details:

Full Name:	Date of Birth:	Job Title:	Nationality:	Place of Birth:

## Travel Details:

Date of booking the trip:

---

Departure Date:

---

Return Date:

---

Destination Country:

---

Purpose of trip:

---

---

---

What are you claiming for?:

---

---

Amount:

€

---

# Travel Delay & Missed Departure Claim Form



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 \_\_\_\_\_

Please confirm if your delay occurred:

4. On your outbound/ return flight from/to your country of residence Yes  No
5. On a connecting flight Yes  No
6. Amount Claimed € \_\_\_\_\_

## 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

If Other, please provide detail: \_\_\_\_\_

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

Please list expenses incurred in reaching your booked destination:

Expenses claimed i.e. Flight / Train / Ferry / Accommodation	Expenses claimed	Receipts/ Invoices supplied	Office Use Only
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

# Travel Delay & Missed Departure Claim Form



Yes  No

Yes  No

Do you hold any form of bank account/ credit card that offers you complimentary travel insurance that cover the circumstances surrounding your claim?

If YES, please confirm the following:

Yes  No

Card number:

Issuing Bank:

Card Type (Gold, Platinum, Premier):

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

If  
, 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

# Travel Delay & Missed Departure Claim Form



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 their reference number

---

---

---

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

---

---

---

If your claim is agreed, please provide your banking details below for payment:

Confirm payee name:

---

Bank Name:

---

Bank Address:

---

Bank SWIFT Code:

---

Bank IBAN:

---

Account Number:

---

Sort Code:

---

Account Holder:

---

# Travel Delay & Missed Departure Claim Form



Type of Account (Premier, 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/our 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: \_\_\_/\_\_\_/\_\_\_