

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: ___ / ___ / ___