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## Travel Delay / Missed Departure / Missed Connection – Claim Form

Sedgwick Travel Claims are committed to providing a quality service. In order for us to assist you as quickly and efficiently as possible, it is important that you provide all necessary documentation.

**If a claim is received without the correct documentation or the claim form has not been fully completed, this can delay your claim.**

**IMPORTANT – Insurers require ORIGINAL documents. You must provide, at your own expense, any documents required to process your claim. We strongly recommend that you keep copies of all documentation forwarded to us.**

**Documentation Required :-** Failure to provide can result in our being unable to process your claim

**Please tick to confirm you have attached the following documents [Tick]**

Fully Completed Claim Form	Complete each section. Do not use N/A.	[Tick]
<b>Confirmation of Insurance</b>	Insurance/Validation Certificate. In the case of credit card Insurance policies, please forward your credit card statement showing payment of the trip / holiday <b><u>IMPORTANT: IF YOU ARE PROVIDING YOUR CREDIT CARD STATEMENT, PLEASE ENSURE ONLY THE FIRST 6 AND LAST 4 DIGITS OF YOUR CREDIT CARD NUMBER ARE SHOWN</u></b>	<input type="checkbox"/>
<b>Confirmation of Trip Dates</b>	Tour Operators Confirmation Booking invoice. Also Forward any used / unused travel tickets you may have or any other documents issues as evidence of the trip	<input type="checkbox"/>
<b>Proof of additional expenses</b>	Original receipts for all additional expenses	<input type="checkbox"/>
<b>Confirmation of the delay</b>	Written confirmation from the carrier (e.g. airline, ship or coach) advising reasons for and duration of the delayed departure of the aircraft etc.	<input type="checkbox"/>
<b>If the claim is as a result of a car breakdown</b>	Provide invoices from garage who attended breakdown & that the car has had its full service history	<input type="checkbox"/>
<b>Confirmation of any arrangements made by the carrier</b>	If flight/sailing was cancelled, provide written confirmation from the carrier as to when the next available transportation was to have been provided.	<input type="checkbox"/>
<b>Any Additional Information/documentation</b>	Any additional information or documents which you wish to enclose to substantiate your claim	<input type="checkbox"/>

**Travel Delay / Missed Departure / Missed Connection – Claim Form Continued**

Our aim is to process your claim as efficiently as possible. In order to achieve this please ensure that you fully complete the form and provide the original documents requested on the Information Sheet. (We strongly recommend you retain copies). Please note – if the information requested is not supplied, this can hold up your claim, and we may not be able to process it.

**NB. All sections MUST be FULLY completed. (In BLOCK CAPITALS please)**

Name of Policy Holder	<input type="text"/>	Age	<input type="text"/>
Name of Person to whom any payment should be made payable to - If different from above	<input type="text"/>	Address	<input type="text"/>
What Insurance Company did you take out your Travel Insurance with?	<input type="text"/>		<input type="text"/>
What Is Your Policy Called / Credit Card Type?	<input type="text"/>	Post Code (If Applicable)	<input type="text"/>
Policy / Certificate Number If Credit Card Please write the Number (first 6 and last 4 digits only please)	<input type="text"/>	E-Mail address	<input type="text"/>
Policy Issue Date	<input type="text"/>	Incident Date	<input type="text"/>
Home Telephone Number	<input type="text"/>	Mobile Telephone Number	<input type="text"/>
Country of Destination	<input type="text"/>	Travel Agent	<input type="text"/>
Departure Date	<input type="text"/>	Booking Date	<input type="text"/>
Original Return Date	<input type="text"/>	Actual Return Date	<input type="text"/>
Tour Operator	<input type="text"/>	Occupation	<input type="text"/>

We use personal information which you supply to us for administration, claims management and other insurance purposes, as further described in our Privacy Policy, available here: <https://www.sedgwick.com/global-privacy-policy#european-economic-area-and-the-united-kingdom>

**Claimants signature and declaration**

- I declare to the best of my knowledge all particulars in this form are true and accurate, with no omissions of any material information which would affect the insurers assessment of this claim
- I give permission for any medical practitioner, Police or similar authority mentioned with respect to this claim to release information regarding my records.
- I am aware that it is a criminal offence to defraud or attempt to defraud an insurer and that by doing so I may be prosecuted. I am also aware that should any element of this claim be found to be fraudulent in any way, all elements of the claim will be denied.
- I grant Sedgwick and the Insurers they represent, full rights of subrogation in respect to any payments made on my behalf. I further agree to fully co-operate with such recovery efforts that Insurers deem necessary.
- In the event of a third party being liable f
- or the loss / damage, all rights of recovery pass to Sedgwick Travel Claims on settlement of this claim.

Signed  Date

**Travel Delay / Missed Departure / Missed Connection – Claim Form Continued**

Details of all insured people included in this claim

Forename	Surname	Age

Date of Incident \_\_\_\_\_

Time and date of **Scheduled** Departure \_\_\_\_\_ Time and date of **Actual** Departure \_\_\_\_\_

Overall duration of delay \_\_\_\_\_ (Hours)

Did you abandon your outward trip as a result of the delay and are claiming for the cancellation costs? YES / NO  
If Yes, please complete the details in the 'Additional Expenses' table below and state 'original flight' in the table.

Reason for the interruption of your journey \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your flight was cancelled, please advise the reason why \_\_\_\_\_  
Please also advise if they accommodated you on the next available flight, or refunded you for the unused element of your ticket (If so, please advise amount refunded. \_\_\_\_\_  
If you were unable to take the next available flight, advise why not and provide written confirmation from the airline as to when the next available flight would have been \_\_\_\_\_

Name of the carrier (i.e. airline, ship, coach,) whose aircraft / vehicle / vessel was delayed \_\_\_\_\_  
\_\_\_\_\_

If you missed your connecting flight please advise the original departure time \_\_\_\_\_  
And what action you took to continue your journey \_\_\_\_\_  
\_\_\_\_\_

Please ensure that all expenses are placed in the additional expenses table below.

**Additional Expenses**

Receipt number	Full details of additional expenditure (Enclose all receipts / flight tickets etc.). Please also state the reason for any additional travel or accommodation expenses.	Date of Purchase	Receipts? Please Tick.	Non € amount Claimed	Amount claimed. (€)
1					
2					
3					
4					
5					
			<b>TOTAL</b>		

Please tally the receipt number with any receipts you may have (write the number on the top of the receipt).  
Continue on a separate sheet if necessary

Please remember to include all ORIGINAL documentation requested on the information sheet:- (Please retain copies for your records)  
Confirmation of Insurance, Booking Invoice, Flight Tickets, Original receipts for all additional expenses (cross referenced on expenses table), confirmation from the carrier as to the length of and reason for the delay.