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**Travel Delay/Missed Departure Claim Form**

THANK YOU FOR NOTIFYING US OF YOUR CLAIM

PLEASE COMPLETE ALL QUESTIONS - IF ANY QUESTION IS NOT APPLICABLE PLEASE STATE "N/A"

UNIVERSITY OF YORK

Certificate No: 100003637GPA

Date on which Travel commenced or was due to commence:

Full Name of Person Covered: Date of Birth:

Title (Mr, Mrs, Miss, Ms, Dr, Prof): Job Title:

Nationality

Full Address:

Postcode:

Tel No. (Business): (Home):

Email:

Full Names of other Persons Covered Date of Birth Relationship

1.

2.

3.

**PLEASE ENSURE YOU SIGN THE DECLARATION ON THIS CLAIM FORM**

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| **TRAVEL DETAILS** |
| Type of Travel: Business/Holiday |
| Please give reason for delay/missed departure: |
| Please state the **scheduled** times of travel:  Place of Departure: Place of Destination:  Date of Departure: Departure Time:  **Please provide a copy of your original itinerary/travel documents** |
| Please state the **actual** times of travel:  Date of Departure: Departure Time: Total length of delay in departure:  **Please provide documentary evidence from the carrier/tour operator to confirm length and cause of delay or evidence that the Person Covered missed the scheduled departure** |
| Please provide any additional information you feel would be of use to us: |

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| **DATA PROTECTION** |
| Information You or the Insured Person supplied may be used for the purposes of insurance administration by Us, its associated companies and agents, by reinsurers and Your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing of Our compliance with any regulatory rules/codes. Your and the Insured Person(s) information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, We or Our agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the Us (such as loss adjusters or investigators).  With limited exceptions, and on payment of the appropriate fee, You or the Insured Person have the right to access and if necessary rectify information held. |

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| **DECLARATION** |
| I declare that the information given is to the best of my knowledge and belief, full, true and correct.  Signed: Date: |

**PLEASE ENSURE**

You have completed ALL relevant questions on this claim form. You have enclosed all requested information/documentation.

You have signed this claim form.

Failure to do so will result in delay in handling you claim.

# Please return the completed claim form together with any documentation to:

# [insurance-enquiries@york.ac.uk](mailto:insurance-enquiries@york.ac.uk)

Thank you for fully completing this form.