



# Insurance Administration Services Ltd

Po Box 9, Mansfield, NG19 7BL

Tel: 0330 0200 134

Email: [claims@ias-health.co.uk](mailto:claims@ias-health.co.uk) - Web: [ias-health.co.uk](http://ias-health.co.uk)

## DELAY AND MISSED DEPARTURE CLAIM FORM

### IMPORTANT - PLEASE READ THE FOLLOWING CAREFULLY AND ENCLOSE THE DOCUMENTS REQUESTED

In order to process your claim quickly, please ensure that you complete any blank sections on this form with as much detail as you can as failure to do so may delay the processing of your claim. When this form has been fully completed, signed and dated, it should be **returned to the address shown above**, together with all **ORIGINAL** documentation requested.

Please ensure you read the **CHECKLIST** below and throughout this form to help you enclose the correct documents in order to avoid any delay in the processing or payment of your claim :

- ✓ Your original INSURANCE CERTIFICATE / SCHEDULE / POLICY DOCUMENT - for proof of insurance
- ✓ Your TOUR OPERATORS HOLIDAY / BOOKING INVOICE – or other documentation showing your travel dates and full cost of the trip and/or insurance
- ✓ For Missed Departure (if relevant to your cover) - Provide appropriate evidence to substantiate your claim with original receipts - Please refer to your policy
- ✓ Any other documentation requested in this form which relates to your claim – see relevant sections below.

We recommend that you keep your own copy of all documents sent to us.

You should be aware that certain information provided to us in relation to this claim will be stored electronically in accordance with current Data Protection requirements and may be shared with anti fraud and fraud prevention facilities. If you make any form of fraudulent claim or intentionally exaggerate or inflate your claim, this will invalidate your claim and this may then be reported to the appropriate authorities.

Insurance Administration Services Limited's Data Privacy Policy can be viewed at [www.ias-health.co.uk](http://www.ias-health.co.uk)

**THE DECLARATION ON THE REVERSE OF THIS PAGE MUST BE COMPLETED**

**YOUR TRAVEL CLAIM REFERENCE :**

**PLEASE SECURELY ATTACH ALL SUPPORTING DOCUMENTATION TO THIS FORM**

1. Insured ( Full Name )				Mr / Mrs / Miss / Master / Other
2. Occupation ( of Insured )				
3. Full name of claimant ( if different from above )				4. Date of Birth
5. Address	Post Code			
6. Email Address				
7. Private Tel. No.			8. Business Tel. No.	
9. State the name of the person to whom payment should be made				
10. Name and Address of the Travel Agent/Tour Operator				
11. Policy / Scheme Name ( found in the policy wording )				
12. Date of Trip Booking			13. Policy Issue Date	
14. Departure Date			15. Return Date	
16. Is this an Annual Policy?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If YES, please give the Start Date of cover ( if different from Issue Date )				
17. Policy Number ( for Annual policy, or a Trip policy where applicable ) ( found on Schedule, Certificate )				
18. Country of holiday or journey destination				



# Insurance Administration Services Ltd

Po Box 9, Mansfield, NG19 7BL

Tel: 0330 0200 134

Email: [claims@ias-health.co.uk](mailto:claims@ias-health.co.uk) - Web: [ias-health.co.uk](http://ias-health.co.uk)

## YOUR TRAVEL CLAIM REFERENCE :

### DELAY AND MISSED DEPARTURE

*Confirmation from the carrier confirming the length of delay and the reason for the delay must be enclosed*

1. Original time and date of your scheduled departure

2. Actual time and date of departure

3. Place of departure

4. Reason for Delay or Missed Departure

5. Did you check-in in accordance with your original itinerary ?

**YES**

**NO**

6. Name of carrier

7. Flight No. ( if airline )

**TO AVOID PAYMENT OF YOUR CLAIM BEING DELAYED PLEASE ENSURE THAT ALL DOCUMENTS REQUESTED ARE ENCLOSED AND ALL QUESTIONS HAVE BEEN ANSWERED**

### DECLARATION

I declare that these particulars are true and correct to the best of my knowledge

**Signature**

**Date**



# Insurance Administration Services Ltd

Po Box 9, Mansfield, NG19 7BL

Tel: 0330 0200 134

Email: [claims@ias-health.co.uk](mailto:claims@ias-health.co.uk) - Web: [ias-health.co.uk](http://ias-health.co.uk)

## SETTLEMENT BY BACS

For your convenience and to offer an efficient smoother service, we would like to pay any claim settlement due directly into your bank account. Please provide ALL your details on this form as requested below, remembering to sign and date also.

If you do not wish to provide your bank details, any settlement due on your claim will be issued by cheque and may take a little longer to process.

You will receive an email from us to confirm when this payment has been made.

### YOUR DETAILS

<b>Name of Claimant</b>	
<b>Email Address</b> Where we will send confirmation of payment	

### BANK ACCOUNT DETAILS

<b>Name of Payee</b> This should be the same as held on the bank account	
<b>Bank Name</b>	
<b>Bank Address</b>	
<b>Country</b>	
<b>Post Code</b>	
<b>Bank Account Number</b>	
<b>Sort Code</b>	- - -

**If your bank account is held abroad, please also enter the following details:**

<b>IBAN / BIC number</b>	
<b>Swift Code</b>	

<b>Signed</b>		<b>Dated</b>	
---------------	--	--------------	--

**IMPORTANT : We do not accept liability for any errors due to the incorrect bank details being provided by you.**

**PLEASE CHECK ALL DETAILS PRIOR TO SUBMITTING YOUR CLAIM.**