

Dear Claimant,

Re: Delay/Missed Departure Insurance Claim

We are sorry that an incident has occurred during your trip. Please find attached a claim form. Please ensure this is fully completed, signed and returned to us by post, together with the following **original** documentation.

1. Proof of your insurance. This may be in the form of a holiday booking invoice or for Internet bookings, an email confirmation.
2. The Tour Operators booking invoice or proof of travel and payment of trip.
3. Your holiday itinerary.

For Delay Claims

4. Written confirmation from the transport provider (e.g. airline/ferry Co. etc.) of the scheduled date and time of departure, actual date and time of departure and precise cause of delay.

For travel delay claims, the travel delay benefit will apply in the event that your claim is successful. This is a set amount of money for each complete period of a set number hours you are delayed. Please refer to your policy wording for full details.

Regrettably, additional expenses you incur due to a travel delay or loss of earnings are specifically excluded in the general exclusions section of your policy.

For Missed Departure

5. Documentation in support of the cause of the claim, car breakdown report etc.
6. Original receipts in support of the expenses being claimed.

If any of the above cannot be provided, please enclose a covering letter explaining the reasons for this.

Please note that in order for us to handle your claim as quickly and efficiently as possible, it is necessary that you answer **all** questions and forward **original** documents. We suggest that you retain copies for your records. **Please ensure you make it clear who you wish any payment to be made out to if not the claimant.**

The address to return your completed claim forms and supporting documentation to is as follows:

Mondial Assistance Europe N.V., Unit 2 Bracken Court, Bracken Road, Sandyford, Dublin 18, Ireland

Your claim form will then be forwarded to the insurers UK branch for assessment at Mondial Assistance (UK) Limited, PO Box 1900, Croydon, CR90 9BA, United Kingdom.

We look forward to hearing from you.

Yours faithfully,

Travel Claims Department
Mondial Assistance (UK) Limited

Information for UK customers:
Mondial Assistance Europe N.V. is authorised by De Nederlandsche Bank (DNB) in the Netherlands and is regulated by the Financial Services Authority for the conduct of UK business and administered in the UK by Mondial Assistance (UK) Limited.

Information for Irish customers: Mondial Assistance Europe N.V. is authorised by De Nederlandsche Bank (DNB) in the Netherlands and regulated by the Irish Financial Services Regulatory Authority (Financial Regulator) for the conduct of Irish business by way of the Freedom of Services into Ireland in accordance with the European Union Third non-life directive. This Freedom of Service is through Mondial Assistance Europe N.V. UK Branch. Assistance and Services Corporation of Ireland Limited, Unit 2, Bracken Court, Bracken Road, Sandyford, Dublin 18. Tel: 00 353 1 602 7000 Fax: 00 353 1 637 3649 website: www.mondial-assistance.ie Registered in Dublin 163174 at the above address. VAT No. IE6563174F Directors: Ida Luka-Lognoné (French), Martin A Lyons and Mike Webb, (British).

Information for all customers:
Mondial Assistance (UK) Limited is registered in England no. 1710361 Mondial House, 102 George Street, Croydon CR9 1AJ, VAT No. GB 344 9108 53.

Travel Claims Department, Mondial Assistance (UK) Limited, PO Box 1900, Croydon CR90 9BA.

Tel: +44 (0)20 8603 9958 Fax: +44 (0)20 8603 0285 email: travel_claims@mondial-assistance.co.uk web: www.mondial-assistance.co.uk

CLAIM FORM

Please ensure all original documents requested are enclosed

Claim Reference No:

Personal DetailsSurname: Forename(s): Title: Date of Birth: Address: Occupation: Daytime Tel No: Postcode: Evening Tel No: Mobile No: E-mail Address: Cheque to be made payable to: **Trip Details**Destination / Country of this Journey: Date Journey Booked: Date Insurance Purchased: Date of Journey: Date of Return: Duration: days No. of People Insured: Place Insurance Purchased: Name of Tour Operator (if applicable): **Travel Insurance Details**Travel Insurance Policy No/Ref: What company did you buy your Travel Insurance from?:

Other Insurance: Please confirm which Bank you hold current accounts and / or credit cards with:

BOI ☐AIB ☐PTSB ☐NIB ☐Ulster Bank ☐Other Anglo ☐

TRAVEL DELAY, ABANDONMENT, MISSED DEPARTURE FORM

Please ensure all original documents requested are enclosed

Claim Reference No:

Please give the full name of each insured person claiming (all claims):

Travel Delay and Abandonment

Please state the reason given by the airline, shipping line or train company for the cause of the delay:

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Please provide details of the **original** departure and arrival times:Date: Departure Time: Arrival Time: Please provide details of the **actual** departure and arrival times:Date: Departure Time: Arrival Time: **Abandonment only**Did you abandon your journey as a result of this delay? Yes ☐ No ☐

If so, detail the total amount being claimed below:

Amount ClaimedTotal journey cost € Less refunds received € Less airport departure tax €
(if applicable)Total Amount Claimed €

Continued overleaf

Missed Departure

Please give us **full** details of why you missed your departure, including details of any third party involved:

Please give details of any additional accommodation or travel expenses you incurred as a result of the missed departure:

Type of Expense	Amount Claimed

Total Amount

Declaration: Insurers and their agents share information to prevent fraud and for underwriting purposes. It is a criminal offence to make a fraudulent claim. Cases are investigated and any person suspected of fraud is reported to the Gardai with whom we always co-operate in effecting a prosecution. I/We declare that the information contained within this claim form is true and correct to the best of my/our belief. I/We assign to Insurers all rights of recovery/salvage against any person or organisation and will do whatever else is necessary to secure such rights. I/We agree that Insurers may contact our GP for more information if they deem it necessary.

Printed Name:

Signature:

Date: