

Travel Delay/Disruption Claim Form

Please complete all relevant sections of this Claim Form and return to:

P J Hayman Claims Department, Stansted House, Rowlands Castle, Hampshire PO9 6DX

Email: claims@pjhayman.com



PJHayman

Claim Number (for office use only)

If you require a large print version, please call 02392 419 020

Please use **BLOCK CAPITALS** when filling in your form. Any instance where there is insufficient space for your answers within this form please use a separate piece of paper.

Check List of Required Documents

Please send the following to support your claim.

If you do not enclose all the documentation we have listed any settlement of your claim may be delayed.

Please against documentation enclosed.

- Insurance Schedule
- Holiday Booking Invoice showing the date holiday/trip booked, persons travelling, departure times and travel dates.

Travel Delay

- Letter from the Airline/Carrier confirming the duration of the delay and the reason for the delay.
- In the event of you abandoning your trip due to the delay please forward the Cancellation Invoice from the Tour Operator/Travel Agent (showing any refund received).

Travel Disruption

- Letter from the Airline/Carrier confirming the duration of the delay and the reason for the delay.
- In the event of your Planned Travel Arrangements being disrupted please forward the Receipts/Proof of Payment for the incurred additional travel and accommodation expenses (only).
- Written report from the appropriate authorities confirming the disruption to your pre-planned travel arrangements.

Please Note - scan & photocopies are acceptable, however, we do always encourage you to retain the original documentation in case we require any particular documents to be sent in for inspection or retention. Examples where this would be required are high value claims (for prevention of fraud) where we are required to retain originals for a certain period of time.

Claimant/Contact Details:

Claimant Name:

Name of Person handling the claim: (if different to above)

Address for Correspondence:

Postcode:

Email: Tel No:

Please list the names of all persons claiming covered by this policy:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Planned Travel Dates: Outward Journey: DD MM YY Return Journey: DD MM YY

Insurance Policy Details:

Name of Travel Insurance: (e.g. the name of your coach travel provider)

Travel Insurance Policy Number: Date Insurance Purchased: DD MM YY

Other Insurance Policy: Yes No Policy Number:

Name of Insurer: Address:

Travel Delay

Please confirm the reason for the Delay:

When were you first made aware of the Delay: Date: Time:

Original Scheduled Departure Details: Date: Time:

Departure Point: Destination: Flight/Ferry No.:

Actual Departure Details: Date: Time:

Departure Point: Destination: Flight/Ferry No.:

Total Number of Hours/Minutes Delay: Hours: Minutes:

ABANDONMENT - you only need to complete this section if your outward journey was delayed and you chose to abandon your holiday/trip.

Date decision made to abandon the holiday/trip: Time:

Amounts Claimed (all Receipts/Invoices must be supplied to support the claim)

Amount Paid for Holiday (Per Person) £

Total Holiday cost £

Refunds received/due from Tour Operator (due to abandonment) £

Total Amount Claimed (insurance premium is not refundable) £

Travel Disruption

Details of costs incurred to reach the final destination or to reach home

Bill Number	Type of Expense (e.g. Travel / Accommodation)	Amount Paid (and currency used)	How was Payment Made? (Cash/Credit Card)	Office use only
-------------	--	------------------------------------	---	--------------------

If you have more than one bill please number them for ease of reference

1				
2				
3				

Total:

How did you originally intend to travel to the airport / ferry terminal? (e.g. car, coach, train etc)

Original Date and Time for Check-In: Date: Time:

Departure Point: Destination: Flight/Ferry No.:

Actual Departure Details: (please indicate name of Airport/Ferry terminal etc.) Date: Time:

Departure Point: Destination: Flight/Ferry No.:

When did you leave to reach your planned departure point? Date: Time:

When did you finally reach your intended destination? Date: Time:

How did you originally plan to reach your final destination or home? (e.g. taxi/coach from the airport)

Data Protection Notice

Personal Information – means information that identifies and relates to you or other individuals (i.e. your dependants). By providing Personal Information to P J Hayman & Company Limited you give us permission for its use as described below. Full details about our use of Personal Information can be found in our full Privacy Notice at: www.pjhayman.com/documents/PJH_Privacy_policy.pdf or you may request a copy using the contact details provided.

When providing **Personal Information** about another individual to us, you confirm that you are authorised to provide it for use as described below.

Types of Personal Information we may collect and why:

Depending on our relationship with you, **Personal Information** collected may include:

- identification and contact information,
- payment card and bank account,
- credit reference and scoring information,
- sensitive information about health or medical condition,
- and other **Personal Information** provided by you.

Personal Information may be used for the following purposes:

- Insurance administration, (communications, claims processing and payment)
- Decision-making on provision of insurance cover and payment plan eligibility,
- Assistance and advice on medical and travel matters,
- Management and audit of our business operations,
- Prevention, detection and investigation of crime, (fraud and money laundering)
- Establishment and defence of our legal rights,
- Legal and regulatory compliance, including compliance with laws outside your country of residence,
- Monitoring and recording of telephone calls for quality, training and security purposes.

Sharing of Personal Information:

Personal Information may be shared with our group companies, Brokers and other distribution parties, Insurers and Reinsurers, Credit Reference Agencies, healthcare professionals and other service providers. **Personal Information** may be shared with other third parties (including government authorities) if required by law. **Personal information** (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to detect and prevent fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

Security and retention of Personal Information:

Appropriate legal and security measures are used to protect **Personal Information**. All third party service providers are also selected carefully and required to use appropriate protective measures. **Personal Information** will be retained for the period necessary to fulfil the purposes described above.

International transfer:

Due to the nature of our business, **Personal Information** may be transferred to parties located in other countries with different data protection laws than in your country of residence.

Data requests:

To request access or correct inaccurate **Personal Information**, or to request the deletion or suppression of **Personal Information**, or object to its use, please email: customerservices@pjhayman.com and mark for the attention of the Data Controller, or write to Data Controller, The Old Theatre, Stansted House, Rowlands Castle, Hampshire PO9 6DX.

DECLARATION

I declare that the whole of the statements made and any other supplementary statements forming part of this claim are true in every respect and understand that a false declaration may invalidate my claim and could result in prosecution. I give permission for my **Personal Information** to be used and shared in the ways described above. I confirm that I will not provide any **Personal Information** about another person without that person's permission.

Customer Declaration - to be completed by ALL persons claiming aged over 16

P J Hayman & Company Limited, agents and business partners may contact anyone who can give them information relevant to my claim.

I/ We confirm that the information that I/ we give is true and if any of the information given by me/ us (or anyone on my/ our behalf) is incorrect, I/ we agree that such inaccuracy may cause me/ us to forfeit my/ our rights under the policy.

In the event of a Third Party being liable, on settlement of the claim I hereby subrogate my rights to the company to recover their costs.

Payments: Subject to admission of liability, we will make payment in favour of the claimant (aged over 16) as detailed above but if an alternative payee is required please state below.

I/ We have read and fully understood the above declaration.

Insured Name	Signature	Date of Birth	Date of Signature

Settlement Method - Claims are paid by Bank Transfer.

Please complete the below to prevent us asking for this at a later date:

Bank Name/Address

Name on Account

Sort Code

Account Number