

PO BOX 127
Chichester
West Sussex
PO18 8WQ

Address:

Post Code:

TEL: 01243 621020 FAX: 01243 790 265

Thank you for notifying us of your travel claim. Please complete and return the enclosed claim form TO THE ABOVE ADDRESS. Please ensure you submit the documents requested UNSTAPLED, along with this page or explain why these are not available. Make any amendments where necessary.

Contact Details

Policyholder's title and full name:		
Claimant's full name (if different from above):		
Contact address (if different from above):		
Post Code:		
Home telephone no.:	Work telephone no.:	
Mobile telephone no.:	Email address:	
Occupation:	Date of Birth:	Age:

Insurance Details

Policy/Certificate no.:	Insurance obtained from:
Date insurance issued:	Duration of policy in days:
Date from:	Date to:

Trip Details

Country:	Resort:
Tour/flight operator:	
Outward trip date:	Scheduled return date:
Date trip was booked:	Duration of trip in days:

Claim payments are made direct to your specified bank account by BACS transfer. Please confirm your account details below. (We are currently unable to transfer to Building Society accounts that are NOT banks.)

Confirm payee name:					Account type:				
Bank name:					Branch:				
Sort code					Account No				