## Missed Departure

In order to support the process of your Missed Departure Claim, we have put together a checklist to ensure you include the correct paperwork to support your claim. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim.

## Your Checklist of Documents Required

Please Note: We do not require original receipts, passports, EHIC's, death certificates or CD's for the initial claims set up, a top tip is to take a clear photo of your receipts and email them over to us.

## Please ensure you keep the originals safe in case we do still require them.

No need to staple your papers either; the full contents of each envelope we receive are immediately scanned onto our computer system, and having to remove staples may damage the papers which could delay your claim!

- Completed Claim Form You should complete all sections relevant to your claim, save a copy and email to us with all the requested supporting documentation
   Insurance certificate Including any medical declarations. This will confirm who you purchased your insurance from and the cover agreed.
   Booking invoice(s) With full details of your trip booking (inbound and outbound flight, accommodation, transfers etc.) These documents need to include the booking date, travel dates, destination, names of all people booked to travel/ stay and confirm how much money you paid for the booking.
   If you are claiming for any additional travel plans Please include the booking invoice(s). These
- documents should display the booking date, travel/ occupancy dates, destination, names of all parties booked.
- ☐ **If the claim was caused by delayed Public Transport** We will need written evidence from the transport provider to explain the delay.
- ☐ **If the claim was caused by a breakdown of your own vehicle** A report from the recovery operator confirming the incident.
- ☐ **If the claim was caused by any other circumstances not listed above** We will need independent documentary evidence that supports the incident that took place.

Please make sure you keep the originals documentation and receipts unless we request them from you. If we do then please send them to us by recorded delivery and keep a receipt of proof. Please note that all documentation is destroyed after 3-months to comply with our responsibilities under the Data Protection Act.

Please be aware that in all instances we accept the original reason or circumstances described when a claim is notified or submitted, any change in circumstances or claim description that is submitted at a later date will be referred to our investigations team in line with our fraud prevention policy.

Please consider the environment before printing this checklist. We **do not** require the checklist to be printed and returned.

## Missed Departure

Email: claims@policyholderclaims.co.uk

Post: Claims, 1 Tower View, Kings Hill, West Malling, Kent, ME19 4UY

Top Tip: If you tap or click the box you can type away and email or post your claims form and relevant documents to either of the above addresses.

Ciaiiiis Reference	Number, if alread	ly known:					
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Details of the C					1		
Title:	First Nam	ne:			Last N	ame:	
Address:		_		T			
Post Code:	Email Ad		ldress:				
Date of Birth:		Telephor	ne:				
Bank Name:			Name	on Account:			
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Please detail wha	t alternative arrangement you had t	o make and why?		
	ants on this Policy:			
Name:			Date of Birth:	
Name:			Date of Birth:	
Name:			Date of Birth:	
Name:			Date of Birth:	
Detail all addition	nal expenditure incurred to reach yo	ur original destina	tion:	
Date:	Item:	Bill From:	Currency:	Amount:
		-1	Total:	
Claim Declarat	ion			
	nat all the details provided above are t	rue and accurate to	hest of my knowled	dae
I/We give conse	ent for agents acting on behalf of the ir	nsurer to seek recov	•	-
	om third parties who may be held liable			
	nd that details of this claim may be pa nd that if a claim is found to be fraud			
	n behalf of the insurer may seek to rec			idate the whole claim and
-	nd that where a claim or claims are m	•	•	Il authority to act on their
behalf, and I	confirm that I understand that neit	her agents acting or	n behalf of the insure	r or the underwriters of
	accept the responsibility if any payn	nents are not distrib	outed proportionate	y to the persons
concerned Signature:			Date:	
Print Name:			Date.	
THIC NAME.			J	
Consent				
	for you to communicate with the foll	owing people who	I may wish to conta	ct you, or to be a point of
	lst my claim is being finalised.	5. 1	,	
Full Name:				
Full Name:				

Date:

Your Signature: