

# Missed Port

In order to support the process of your Missed Port 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.

Please note if you cancel the entire trip due to a delay of over 24 hours, you will need to complete a cancellation claim form rather than this one.

## 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)** – For your cruise, confirming your full cruise itinerary, the names of all parties booked to travel/stay and the monies paid for the booking.
- Confirmation from the cruise liner** – Detailing any missed ports, the cause, and whether you were offered any form of refund/ on-board credits.

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 Port

Email: [claims@policyholderclaims.co.uk](mailto: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 & email your claims form with the relevant documents to us.*

Claims Reference Number, if already known:	
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## Details of the Claimant

Title:		First Name:		Last Name:	
Address:					
Post Code:		Email Address:			
Date of Birth:		Telephone:			
Bank Name:		Name on Account:			
Account Number:		Account Type: (e.g. premier, gold, reward)			
Sort Code:		SWIFT/BIC (for payments outside of the UK)			
IBAN (International Bank Account Number):					

For your convenience and to offer an efficient smoother service, we will pay any claim settlement due directly into your bank account. *We do not accept liability for any payment misdirection or delay due to the incorrect bank details being provided by you.*

## Details of the Insurance Policy and Trip

Policy Number:		Date of Issue:	
Insurance Company Name:		Date Trip Booked:	
Policy Cover Level (e.g. silver, gold, standard etc.)		Destination:	
Trip Date From:		To:	
Do you or any of the insured party have any other travel insurance cover? If yes give details.			

## Details of Claim

Date(s) of Missed Port(s):	
Number of Ports Missed:	
Reason for the Missed Port(s):	

Please List Claimants on this Policy:			
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	
Name:		Date of Birth:	

## Claim Declaration

- I/We declare that all the details provided above are true and accurate to best of my knowledge.
- I/We give consent for agents acting on behalf of the insurer to seek recovery of monies paid where other insurers cover the same risk, or from third parties who may be held liable.
- I/We understand that details of this claim may be passed to the insurance industries central claim register
- I/We understand that if a claim is found to be fraudulent or exaggerated that this will invalidate the whole claim and agents acting on behalf of the insurer may seek to recover any costs through the civil courts.
- I/We understand that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither agents acting on behalf of the insurer or the underwriters of the policy will accept the responsibility if any payments are not distributed proportionately.

Signature:		Date:	
Print Name:			

## Consent

I give my authority for you to communicate with the following people who I may wish to contact you, or to be a point of contact for me, whilst my claim is being finalised.

Full Name:	
Full Name:	

Your Signature:		Date:	
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