



Globelink

Travel Insurance for EU Residents

Travel Insurance

www.globelink.co.uk

Telephone: 01353 699082

International: 00 44 1353 699082

Email: info@globelink.co.uk

Travel Insurance Claim

We thank you for contacting us and are sorry that you need to make a claim on your travel insurance policy. As we do not administer claims from this office, we have provided details of the claims procedure below and you will find the appropriate claim form attached.

Please return the fully completed claim form to:
Travel Claims Services Ltd. 2nd Floor, Maitland House, Warrior Square,
Southend-on Sea, Essex SS1 2JY United Kingdom

You should complete all sections relevant to your claim and enclose all requested supporting documents (**which must include evidence of your outward and return journey from your home country within the European Union except in the case of a one way journey or a previously agreed post departure policy**)

Please answer all questions fully as an incomplete form may delay the processing of your claim.

Please note that all documents will be destroyed after 3 months; an electronic copy will be held on the system.

You must, as part of the policy terms and conditions declare if you have any other travel, household or other insurance in force at the time of your claim (this includes any insurance which may have been provided in association with your bank account). Withholding this information may delay the processing of your claim.

If additional information is required, the claims administrator may contact you by email, so please ensure that you provide your current email address on the claim form.

For any enquiry after you have submitted your claim, you should contact Travel Claims Services by telephone on +44 (0) 207 748 6476 or by email to enquiries@travelclaimsservices.com ensuring that you state your claims reference number.

Globelink hope the system we have set up to deal with your claim is as simple and effective as possible in handling and settling your claim to your satisfaction. However, if you do encounter any problems with your claim which Travel Claims Services Ltd. Cannot resolve, then please do bring this to our attention. Pop the details on an email to globelink@globelink.co.uk with your Name, the Claim Reference Number, your Certificate Number and what it is we may be able to help with, and we will do our best to resolve any issues directly with you.

Globelink International, 84 Cannon Street, Little Downham, Ely, CB6 2SS. UK

| | | | |
|--|---------------------------|--|--------------------|
| Travel Insurance Claim Form. Travel Claims Services Ltd Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY | Date Sent: | | *webclaims* |
| | Claim Ref : (if known) | | |
| PLEASE ANSWER ALL RELEVANT QUESTIONS ON THE CLAIM FORM; LEAVING ITEMS BLANK, USING TICKS, DASHES AND N/A MAY RESULT IN US RETURNING THE CLAIM FORM AND/OR ASKING FURTHER QUESTIONS, THUS DELAYING THE PROCESSING OF YOUR CLAIM. | | | |

Personal Details – Required for all Claims

Claimant Details

| | | | |
|--------------------------------|--------------------------------|--------------|--|
| Title | Mr / Mrs / Miss / Ms / Other: | Home Address | |
| Surname | | | |
| Forename(s) | | | |
| Date of Birth | | | |
| Occupation | | Postcode | |
| NI Number | | Home Tel. | |
| Parent/Guardian's NI number | (if medical claim for a minor) | Work Tel. | |
| Nationality | | Email | |

Policy and Holiday Details

| | | | |
|-------------------------------------|-----|-----------------|------------------------------|
| Policy Number | | Date of Booking | |
| Date Issued | | Departure Date | |
| No. in Party | | Return Date | |
| Independent Travel Arrangements? | YES | NO | If no provide the following: |
| | | | Total Days |
| Travel Agent & Branch | | Country | |
| Tour Operator | | Resort / Town | |

It is against the law to submit a fraudulent insurance claim.

If your claim is found to be fraudulent the claim will be declined and Insurers will pursue recovery by the use of civil action.

| |
|--|
| <p>1. I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would affect the Underwriters judgment of the claim. I confirm 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 Travel Claims Services nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.</p> <p>2. I/We understand that the information on this form will be passed to or used by Travel Claims Services for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.</p> <p>3. I/We subrogate all rights of recovery to Travel Claims Services Ltd. and also consent to them seeking reimbursement of any medical expenses paid by them.</p> <p>For medical related claims:</p> <p>4. I authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Travel Claims Services or their agents. I understand that in executing this authorisation, I waive the right for such information/records to be privileged. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.</p> |
|--|

I have read and fully understand the declarations above (ALL persons claiming must sign)

| Claimants Name | Claimant Signature | Date of Birth | Dated |
|----------------|--------------------|---------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|--|---------------------------|--|--------------------|
| Scheduled Airline Failure. Travel Claims Services Ltd Maitland House, Warrior Square, Southend-on-Sea, Essex. SS1 2JY | Date Sent: | | *webclaims* |
| | Claim Ref : (if known) | | |

| | |
|----------------------|--|
| Tour operator | |
| Claimant name | |

Important Note:

Only a named passenger due to travel on an affected booking should complete this claim form. This person must also sign Section 7.

If someone NOT due to travel paid for the booking the any refund will automatically be sent to the person who made payment (payer) as they have suffered the financial loss.

If the payer requires a third party or a named travelling passenger to receive settlement, then the payer must sign Section 8.

Passenger details

| | | | |
|-----------------------|--|-----------------|--|
| Passenger name | | | |
| Address | | | |
| County | | Postcode | |
| Telephone | | Mobile | |
| Email | | | |

Booking details

| | |
|--|--|
| Name of airline operator | |
| Booking reference | |
| Date of departure | |
| Number of passengers on booking | |
| ATOL number | |

Original schedule/flight details

| | | | |
|-----------------------------------|--|----------------------|--|
| Departure date | | Flight number | |
| Return date | | Flight number | |
| Date of issue of ticket(s) | | | |

| | |
|-----------------------|--|
| Airline failed | |
|-----------------------|--|

Type of claim – Please select one box only

| | | | |
|---------------------|---------------------|--|--|
| Deposit only | Full payment | Additional costs or curtailment | (please provide details for the replacement tickets) |
|---------------------|---------------------|--|--|

| | |
|-----------------------------|---|
| Total amount claimed | £ |
|-----------------------------|---|

| | | |
|--|-----|----|
| Have you claimed or are you able to claim these monies from any other source? | YES | NO |
| If yes please explain | | |
| | | |
| | | |
| | | |
| | | |

Statement of subrogation

In consideration of paying to us the sum of £..... by way of indemnity, we assign you all rights, claims and interest that we may have against failure of..... to Travel Claims Services Limited as agents for their Principals.

Signed Date

Name Position(If applicable)

(This section legally allows your claim, when paid, to be transferred to the insurers)

Declaration

I declare that to the best of my knowledge and belief all facts are correct. I also declare that I had no knowledge of the airline's potential failure at the time of issue of the ticket(s) as detailed.

Signed Date

Name Position(If applicable)

Documents required to substantiate claim(s)

We enclose the following original documents (please tick)

| | | Office use |
|---|-----|------------|
| Unused airline ticket(s) | [] | [] |
| Evidence of payment(s) | [] | [] |
| Confirmation/Invoice to client(s) | [] | [] |
| Receipts/evidence of payment of replacing onward or return transportation | [] | [] |

Method of payment for tickets

| | |
|--------------------------------------|---|
| Credit card direct to airline | |
| Name of cardholder | |
| Card type – Access/Visa etc | |
| Card number | |
| Expiry date | |
| Amount | £ |

| | |
|--------------------------|---|
| Payment by cheque | |
| Amount | £ |
| Payable to | |

| | |
|-------------------------------|--|
| Payment via BSP Office | |
| Date of debit | |

Compliance with the Data Protection Act 1998

We hereby notify you that any personal data obtained about you will be processed in accordance with the Data Protection Act 1998. By signing this form, you confirm that you have obtained the consent of all individuals named on this form, to their data being stored and processed by Travel Claims Services in accordance with the Act and such information will only be held in respect of dealing with your claim.