



# Travel Claim Form – Cancellation, alteration, disruption or delay

## GlobeCover Personal Accident & Travel Insurance

The claimant should complete and sign this form. If the claimant is under 18 years of age, this form should be completed by one of their parents or legal guardians. If the claimant is unable to complete this form, the person completing and signing this form should give their details in the Declaration on page 4.

### PART 1 – DETAILS OF THE INSURED

#### Details of the policyholder (insured company)

Policy number

Name of the company

Address

Postcode  Country

Does the claimant work at this address?  Yes  No

If not where does the claimant work? (Please name branch/subsidiary and location)

#### If you claim as a company representative (HR, Finance, etc) please provide your details

Full name

Position

Telephone number

Email address

Is this claim payable direct to the company?  Yes  No

#### Details of the claimant (person who had to cancel, curtail, alter, disrupt or delay their trip)

Full name

Address

Postcode  Country

Telephone number

Email address

Date of birth

Occupation

Relationship to policyholder  Employee  Spouse of an employee  Visitor  
 Contractor  Child of an employee  Other (please state)

If the claimant is a spouse or a child of an employee, please provide the name of the employee

## PART 2 – DETAILS OF THE CLAIM

### Details of the trip

|                                     |  |                                  |   |                      |
|-------------------------------------|--|----------------------------------|---|----------------------|
| Travel destination                  | From                                   | <input type="text"/>             | To  | <input type="text"/> |
| Scheduled dates of the trip         | From                                   | <input type="text"/>             | To  | <input type="text"/> |
| Travel order number (if applicable) | <input type="text"/>                   |                                  |   |                      |
| Reason for travel                   | <input type="checkbox"/> Business trip | <input type="checkbox"/> Leisure | <input type="checkbox"/> Long term secondment |                      |
| Country where loss occurred         | <input type="text"/>                   |                                  |   |                      |

### Please complete the sections which apply:

#### A. Details of cancellation (if applicable)

|   |                      |
|---|----------------------|
| Reason for cancellation, eg strike, weather, employee resigned, illness (If illness, please also fill in section D) | <input type="text"/> |
| Total cost of trip  | <input type="text"/> |
| Date Travel Agent/Tour Operator/ Airline notified of cancellation (if applicable)                                   | <input type="text"/> |
| What refund, if any, has been made or to be made to you by your Travel Agent/ Tour Operator/ Airline?               | <input type="text"/> |
| What is the amount of your claim?   | <input type="text"/> |

#### B. Details of curtailment or alteration (if applicable)

|   |                      |                      |                    |                      |
|---|----------------------|----------------------|--------------------|----------------------|
| Reason for curtailment or alteration of the trip eg weather, employee resigned, illness (If illness, please also fill in section D) | <input type="text"/> |                      |                    |                      |
|   | Date returned home   | <input type="text"/> | Total cost of trip | <input type="text"/> |
| Date Travel Agent/Tour Operator/ Airline notified of curtailment or alteration (if applicable)                                      | <input type="text"/> |                      |                    |                      |
| What refund, if any, has been made to you by your Travel Agent/ Tour Operator/Airline?  | <input type="text"/> |                      |                    |                      |
| What is the amount of your claim?   | <input type="text"/> |                      |                    |                      |

#### C. Details of travel delay (if applicable)

|   |                        |                      |                   |                      |
|---|------------------------|----------------------|-------------------|----------------------|
|   | Date of delay          | <input type="text"/> |                   |                      |
| Departure details   | Original date and time | <input type="text"/> | New date and time | <input type="text"/> |
| Reason for delay  | <input type="text"/>   |                      |                   |                      |
| Departing airport, station or port (or transit airport, station or port if delay occurred in transit) | <input type="text"/>   |                      |                   |                      |
| Flight /Train/Ship number   | <input type="text"/>   |                      |                   |                      |
| Flight/Train/Ship operator  | <input type="text"/>   |                      |                   |                      |
| Total time delayed at airport, port or station (days, hours)  | <input type="text"/>   |                      |                   |                      |

**D. Details of illness or injury which prevented you from travelling or caused travel alteration (if applicable)**

|  |                              |                             |      |                      |
|--|------------------------------|-----------------------------|------|----------------------|
| Injury or illness contracted   | Date                         | <input type="text"/>        | Time | <input type="text"/> |
| Place of injury or illness   | <input type="text"/>         |                             |      |                      |
| Nature of injury or illness  | <input type="text"/>         |                             |      |                      |
| How was the injury sustained or the illness contracted?  | <input type="text"/>         |                             |      |                      |
| Have you had the same illness/condition before?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |      |                      |
| If 'yes', provide dates  | <input type="text"/>         |                             |      |                      |
| Address and contact details of qualified medical professional who confirmed you can't travel or have to alter travel plans | <input type="text"/>         |                             |      |                      |
| Was the Assistance Company contacted?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |      |                      |
| If 'yes', give details and reference number  | <input type="text"/>         |                             |      |                      |
| Does another company insure the expenses you're claiming?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |      |                      |
| If 'yes', give details   | <input type="text"/>         |                             |      |                      |

**PART 3 – PAYMENT DETAILS**

Please complete if a payment may be due

|                            |  |                                 |
|----------------------------|--|---------------------------------|
| Do you require             | <input type="checkbox"/> Bank transfer | <input type="checkbox"/> Cheque |
| If cheque, make payment to | <input type="text"/>                   |                                 |
| <b>If bank transfer</b>    |  |                                 |
| Name of account holder     | <input type="text"/>                   |                                 |
| Name of the bank           | <input type="text"/>                   |                                 |
| Address of the bank        | <input type="text"/>                   |                                 |
| Account number             | <input type="text"/>                   |                                 |
| Sort code (UK only)        | <input type="text"/>                   |                                 |

For international transfers only (outside UK)

|  |                      |                  |                      |
|--|----------------------|------------------|----------------------|
| IBAN (International bank account number) | <input type="text"/> |                  |                      |
| SWIFT/IBC Code                           | <input type="text"/> | Account currency | <input type="text"/> |

## PART 4 - HOW WE USE PERSONAL INFORMATION

We are committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to you or other individuals (e.g. your dependants). By providing Personal Information you give permission for its use as described below. If you provide Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.

**The 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, e.g. 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, e.g. fraud and money laundering
- Establishment and defence of 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
- Marketing, market research and analysis

To opt-out of marketing communications contact us by e-mail at: **marketing.uk@aig.com** or by writing to: **Head of Marketing, 58 Fenchurch Street, London EC3M 4 AB, United Kingdom**. If you opt-out we may still send you other important communications, e.g. communications relating to administration of your insurance policy or claim.

**Sharing of Personal Information** - For the above purposes 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 will 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. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

**International transfer** - Due to the global nature of our business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in your country of residence.

**Security and retention of Personal Information** – Appropriate legal and security measures are used to protect Personal Information. Our 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.

**Requests or questions** - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: [DataProtectionOfficer@aig.com](mailto:DataProtectionOfficer@aig.com) or write to Data Protection Officer, Legal Department, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. More details about our use of Personal Information can be found in our full Privacy Policy at [http://www.aig.com/\\_2538\\_371879.html](http://www.aig.com/_2538_371879.html) or you may request a copy using the contact details above.

## PART 5 - 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.

Signed

Date

### Details of the person completing the form (if not the claimant)

Full name

Telephone

Relationship to claimant

Reason for completing the form on behalf of the claimant

**Please include the following documents**

- Original travel arrangements documentation (flights, accommodation, pre-paid excursions, car hire, etc)**
- Medical certificate issued by GP or Consultant who confirmed inability to travel or to continue to travel**
- Unused portion of travel arrangements (accommodation, flights, pre-paid excursions) in case of curtailment or alteration of travel plans**
- Letter from carrier or airport authority confirming the scheduled time and date of departure, the actual time of departure and the reason for the delay (if you are claiming a travel delay benefit)**
- Receipts for essential purchases made**

**THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY.**

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are scanned and emailed or posted to us.

**Email**            [GlobeCover.claims@aig.com](mailto:GlobeCover.claims@aig.com)  
**Post**             GlobeCover Claims, 3<sup>rd</sup> Floor, AIG Europe Limited, The AIG Building,  
2-8 Altyre Road, Croydon, Surrey CR9 2LG, United Kingdom  
**Telephone**    +44 (0)20 8253 7474  
**Fax**              +44 (0)20 8253 7569

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