

Report Form for Delay/Missed Departure Claim

This file is a fillable electronic pdf form. Please complete all questions – if any question is not applicable please state “N/A”.

Insured Details

Name of Policyholder

If a subsidiary of the policyholder please provide company name

Policy Number

Relationship to Policyholder Director ☐ Employee ☐ Student ☐ Contractor ☐ Volunteer ☐ Consultant ☐ Other ☐

If Other – Please provide details

Full Name of Insured Person

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Date of Birth / /

Insured Person's Full Address

Street

City County

Country Postcode

Email Tel Fax

For security purposes please provide a password which will be required to access your claims information

Full Name of Claimants

<input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to the Insured Person e.g Partner, Son, Daughter <input type="text"/>
<input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to the Insured Person e.g Partner, Son, Daughter <input type="text"/>
<input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to the Insured Person e.g Partner, Son, Daughter <input type="text"/>

Travel Details

Type of Travel Business ☐ Holiday ☐

Please give the reason for the delay/missed departure

Please state the scheduled times of travel

Date of Departure / /

Date of Arrival / /

Place of Departure

Place of Arrival

Departure Time

Arrival Time

Please provide a copy of your original itinerary/travel documents

Please state the actual times of travel

Date of Departure / /

Departure Time

Date of Arrival / /

Arrival Time

Total Delay Time

Please provide documentary evidence from your carrier/tour operator to confirm actual departure, arrival time and reason for delay or that you missed scheduled departure

Please provide any additional information you feel would be of use to us

Data Protection

In order to administer your claim, this information will be used by Chubb European Group Limited and Aon UK Limited. It may be held on computer and/or in manual files for administration and risk assessment purposes. We may disclose your personal data and sensitive data to reinsurers, the policyholder and the AuMine claims database, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries (which do not provide the same level of data protection as the UK) if necessary for the above purposes. If we do make such a transfer we will, if appropriate, put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

Conflicts of Interest

Please note: Aon Underwriting Managers (AUM) is a Managing General Agent which is part of Aon UK Limited and is authorised by the Insurer to handle claims under the AonProtect scheme and will do so under the terms and conditions of the policy. Aon Underwriting Managers are therefore acting for the insurer. Any objection to this arrangement should be raised when first reporting the claim.

Declaration

By signing/inputting my name below and submitting this form I consent to the above data protection disclosure and I declare that all information given is to the best of my knowledge and belief, full, true, accurate and correct. **Please print and sign.**

Print Name

Signed

Date

/ /

Payee Advices

All claims payments will be issued payable to the policyholder (your employer/company) and not the claimant unless Aon Claims has received prior authorisation to pay the claimant direct.

However, if you are the claimant and require any payment to be made to yourself, your Company Insurance Administrator or Line Manager will need to provide written/emailed authorisation to Aon Claims.

Bank Details

When the claim has been approved and once we have received written confirmation from the policyholder to issue any payments due direct to the claimant, you may have the payment credited direct to your bank account. This payment method is both speedier and safer than payment by cheque. If you would like to take advantage of this arrangement, please complete the following:

Bank name	<input type="text"/>	Sort Code	<input type="text"/> <input type="text"/> <input type="text"/>	Swift Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IBAN Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Bank Address	<input type="text"/>				
Account Name	<input type="text"/>				
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

Please Ensure

- 1 You have completed ALL relevant questions on the claim form.
- 2 You have enclosed all requested information/documentation.
- 3 You have signed this claim form.

Failure to do so will result in a delay in handling your claim.

Thank you for completing this form.

IMPORTANT

Please print and sign this form and return to:

Aon Underwriting Managers | Claims
Grosvenor House
65–71 London Rd
Redhill
Surrey
RH1 1LQ

t +44 (0)1737 783 740 | f +44 (0)1737 783 741

Or scan and email to: **aum.claims@aon.co.uk**