



TRAVEL (DELAYED BAGGAGE) CLAIM FORM

Claimant's Name: _____ Policy Number: _____

Address: _____

_____ Telephone Number: _____

Scheduled details of flight:

Date	Departure Time	Flight No.	From	To	Actual Arrival Time

Actual date and time baggage arrived with you : _____

Reason for baggage delay (if given) : _____

Details of Items Purchased (receipts required) : _____

This cover is intended for emergency purchase of essential items if baggage is temporarily lost for at least 12 hours. Delayed baggage compensation is limited to £100 per insured person.

Total amount of claim : £ _____

Please attach your operator's original letter of confirmation of booking, or your Airline flight tickets, together with documentary evidence of delay provided by the Airline, and receipts for items purchased.

I declare that these particulars are true to the best of my knowledge.

Signature: _____

Date: _____