

Dear Sir/Madam

Travel Insurance Claim

Please find enclosed a claim form for completion and return to the address shown above.

You should complete all sections relevant to your claim and enclose all requested supporting documentation (**which must include evidence of your outward and return travel dates from the Republic of Ireland**). Please note an incomplete application may delay the processing of the claim.

Please note **all documentation will be destroyed after 3 months**; an electronic copy will be held on our system.

You must as part of the policy terms and conditions declare if you have any other travel, household or other insurances 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 or documentation is required we will reply using the e-mail address supplied when you purchased the policy. Please ensure that you provide your current e-mail address on the enclosed claim form before returning it to us.

If you have any **queries or you require assistance** in completing the claim form please do not hesitate in contacting us on 091 560 615. Please have your claims reference number to hand.

Yours sincerely,



**For and on behalf of**  
MAPFRE ASSISTANCE Agency Ireland

**MAPFRE ASSISTANCE Agency Ireland**  
**22-26 Prospect Hill**  
**Galway, Ireland**  
**traveldept@mapfre.com**  
**TRAVEL INSURANCE CLAIM FORM**

Claim Reference Number:

Policy Number:

**PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS**

**CLAIMANT DETAILS**

**NAME OF LEAD CLAIMANT:** Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_  
Sex: M/F D.O.B. \_\_\_\_\_ Occupation: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE NO: Home \_\_\_\_\_ Work \_\_\_\_\_

**LEAD POLICYHOLDER NAME:** Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Claimant's Relationship to Lead Policyholder: \_\_\_\_\_

**HOLIDAY/TRIP DETAILS**

Tour Operator: \_\_\_\_\_ Travel Agent: \_\_\_\_\_

Destination/Country: \_\_\_\_\_

Date holiday booked: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

**PREVIOUS CLAIM DETAILS:**

Have you made an insurance claim in the past 5 years? YES/NO

If YES please provide details:

Date	Type Of Claim	Amount Claimed	Company

**DECLARATION:** Insurers and their agents share information to prevent fraud and for underwriting purposes.

This document, information provided when taking out the Policy and relevant facts form the basis of your claim and may be shared or used for audit purposes. It is a criminal offence to make a fraudulent claim. We investigate all cases and any person suspected of fraud is reported to the Police/Gardai with whom we always cooperate in effecting a prosecution. I/We understand that you may seek information from other insurers to check that the information provided above is truthful and that details of this claim can be used for audit purposes. I/We understand that you may request information from medical providers abroad in relation to a claim where medical advice was sought. I/We declare that to the best of my/our knowledge and belief that all the information I/We have given is correct. I/We have not withheld any information connected with this incident and agree to provide any further information or documentation as may be required. I understand that the insurer does not admit liability by the issue of this form.

**ALL PERSONS CLAIMING MUST SIGN BELOW:**

Name (please print)	Signature	Date

## DELAYED/MISSED DEPARTURE/ABANDONMENT-

### CLAIM DETAILS:

Is this claim for: Travel Delay Benefit \_\_\_\_\_ Missed Flight \_\_\_\_\_ Abandonment \_\_\_\_\_

Due Check-In Date: \_\_\_\_\_ Time: \_\_\_\_\_ Actual Check-In Date: \_\_\_\_\_ Time: \_\_\_\_\_

Due Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Actual Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please detail the circumstances giving rise to this claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duration of Delay (in hours): \_\_\_\_\_

If trip was abandoned, please provide date and time decision was made: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Total number of insured claimants: \_\_\_\_\_

Please provide details of all persons claiming who are insured by the policy:

Name	Age	Name	Age

### AMOUNT CLAIMED:

#### Travel Delay Benefit Only:

Benefit Applicable \_\_\_\_\_ X \_\_\_\_\_ (number of claimants) = Total Claimed \_\_\_\_\_

#### Missed Departure Claims Only: (Please continue on a separate sheet using the same format if necessary)

Date Expense Incurred	Description	Foreign Currency Amount	Rate of Exchange	Bill Paid - Yes/No	Office Use Only

### CHECKLIST: Please ensure you sign the declaration overleaf and enclose the following ORIGINAL documents as applicable:

Booking Invoice / Travel Tickets showing full holiday details	YES/NO
Certificate of Insurance (Photocopy only)	YES/NO
Written Confirmation from the Carrier (or their agents) confirming reason and exact duration of delay	YES/NO
Proof of Abandonment (i.e. original tickets (if issued) / cancellation invoice, etc.) (if applicable)	YES/NO
Report from the garage confirming details of a breakdown of a private vehicle	YES/NO

### Payment Details (Please tick the appropriate form of payment):

Cheque: \_\_\_\_\_ Bank Transfer: \_\_\_\_\_

If you wish to receive payment by bank transfer, please supply us with the following information;

**(NB Payment cannot be issued by bank transfer unless all below details are provided)**

Bank Name and Branch: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Sort code: \_\_\_\_\_ IBAN Number: \_\_\_\_\_

BIC: \_\_\_\_\_