

## TRAVEL DELAY AND MISSED CONNECTION CLAIM FORM

Date sent to us \_\_\_\_\_ Claim reference number (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.**

Hollard Travel Insurance is underwritten by The Hollard Insurance Company Limited (Hollard), a registered short-term insurer and an authorised financial services provider, and managed by Oojah Travel Protection (Pty) Ltd.

**Please send your completed claim form and all supporting documentation to:** Oojah Travel Protection, Fax No: 0866 43 44 36 or claims@hollardti.co.za. For assistance you may contact them on 0861HLLRDT (0861 45 57 38).

### CLAIMANT DETAILS

Title	Mr	Mrs	Miss	Ms	Other	Country of residence	_____
Surname	_____					Nationality	_____
First name	_____					Postal address	_____
Date of birth	_____						_____
Home telephone	_____					Postal code	_____
Work telephone	_____					ID number	_____
Mobile telephone	_____					Date of booking (trip)	_____
E-mail	_____					Departure date	_____
Policy number	_____					Return date	_____
Date policy purchased	_____					Number in party	_____

Credit card number used to purchase tickets \_\_\_\_\_

Do you or anyone else claiming have any other insurance which may cover the claim, e.g. airline, medical aid, bank/credit card insurance?      YES      NO

**If YES, please provide details below**

Company name \_\_\_\_\_ Policy number \_\_\_\_\_

Have you or any person claiming under this policy made any previous claims on this type of insurance?      YES      NO

**If YES, please provide details** \_\_\_\_\_

### DECLARATION and AUTHORITY

- I/We hereby declare that all information, answers, and documentation 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 could affect the underwriter's judgement of the claim.
- I/We understand that the information on this form will be passed to or used by us and our appointed claims handling agent, this includes underwriting, processing, handling claims and preventing fraud.
- I/We **authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment** to furnish such records of information as may be requested by us or our claims handling agent. 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.
- I/We further declare that I am/We are aware that any **misrepresentation and/or non-disclosure** in respect of information provided herein shall render my/our claim null and void.
- I/We declare that I/We have **read the policy wording**.

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

Insured Person's Name and Surname	Date of Birth	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Documents You need to send to Us – SEND COPIES OF DOCUMENTS AND KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS

1. **Itinerary:** Original travel tickets for your booked itinerary (including tickets from/back to South Africa).
2. **Original receipts for all expenses.**
3. A letter from the pre-booked transport company with whom you were travelling when the delay occurred, detailing the cause and length of the delay.

Please answer ALL questions – BLOCK CAPITALS PLEASE

**Type of claim**      Travel delay      Missed departure      Amount claimed      \_\_\_\_\_

INSURED REASON FOR CLAIM (please tick)

Unexpected strike      Industrial action      Adverse weather conditions      Failure of air traffic control systems      Mechanical breakdown

**Scheduled departure**      Date      Time      **Length of delay**      Hours      Minutes

\_\_\_\_\_

**Actual departure**      Date      Time      Name of carrier      \_\_\_\_\_

Scheduled flight number      \_\_\_\_\_      New flight number      \_\_\_\_\_

LIST OF EXPENSES CLAIMED FOR

**Important:** Please number all receipts for expenses incurred and put the number in the column headed "Receipt No." when completing the section below.

Ref	Date	Description of item	Currency	Amount paid	Office use
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**Total claimed**      \_\_\_\_\_

**Important Note:**

- Delay due to operational reasons is not covered by your policy. You should direct your claim to the provider involved.