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MORE TH>N is a trading style of Royal & Sun Alliance Insurance plc (No. 93792). Registered in England and Wales
Registered office: St Mark's Court, Chart Way, Horsham, West Sussex RH12 1XL. Authorised and regulated by the Financial Services Authority.

IMPORTANT

Please keep a separate note of this claim reference number and quote it whenever you contact us.

Date:

Dear

All personal information supplied by you will be treated in confidence by Royal & Sun Alliance Insurance Group of companies and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of Royal & Sun Alliance Insurance Group of companies or our agents or subcontractors.

The Royal & Sun Alliance Insurance Group of companies may pass your personal information to other companies for processing on its behalf. Some of these companies may be based outside Europe in countries which may not have laws to protect your personal information, but in all cases the Group will ensure that it is kept securely and only used for the purposes for which you provided it. Details of the companies and countries involved can be provided to you on request.

DELAY, ABANDONMENT AND MISSED DEPARTURE CLAIM FORM

Thank you for requesting a claim form. Please ensure that you complete it fully and return to us.

Please ensure you sign and date the form on the final page. Failure to do so will delay your claim.

Please check that we have correctly stated your name, initial(s), address and post code and amend if necessary.

The section below details the documents which we need to deal with your claim and some notes which we would ask you to read carefully when completing the form. Thank you.

DELAY OR ABANDONMENT To process your claim it is essential that we receive a letter from the Airline / shipping company to confirm the scheduled arrival time and date, the eventual arrival time and date and the exact reason for the delay. If you contact the Airline, you will find it quite routine to obtain this letter. Please ensure it is enclosed.

VERY IMPORTANT Please ensure you enclose the following **ORIGINAL** (not photocopied) documents (if not already sent).

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| <p>a) Your MORE TH>N Travel Schedule (a photocopy is acceptable if you have annual insurance)</p> <p>b) ORIGINAL TRAVEL TICKETS (ie flight coupons/ferry tickets)</p> <p>c) THE HOLIDAY BOOKING INVOICE or other evidence of holiday / trip arrangements.</p> <p>d) As mentioned above. A LETTER FROM THE CARRIER OR TOUR OPERATOR (NOT THE TRAVEL AGENT) stating:-
1) THE OFFICIAL CAUSE OF THE DELAY
2) THE EXACT PERIOD OF DELAY
(Both are essential please).</p> | <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> | <p>e) If you are claiming for missed departure, substantiation of the circumstances and outlays made.</p> | <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
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E-MAIL & TELECLAIMS

If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to e-mail you or telephone you during the course of our normal working hours to discuss your claim and/or request further details. Please confirm your e-mail address overleaf and/or advise us of any relevant numbers on which you can be reached in the spaces below.

..... or

ADDITIONAL NOTES

IMPORTANT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE DECLARATION

Prior to returning the claim form please study the policy wording and read the terms and conditions as they relate to your claim.

Please note, neither we nor insurers are responsible for the costs of obtaining documentation in support of the claim.

We suggest you keep copies of all documentation for ease of reference.

THE INFORMATION ON THIS FORM WILL BE USED BY YOUR INSURERS TO DEAL WITH ANY CLAIM. YOUR INSURER MAY ALSO PASS NON PERSONAL INFORMATION TO OTHER INSURERS AND ORGANISATIONS INVOLVED IN DEALING WITH ANY CLAIM. INSURERS ALSO SHARE INFORMATION TO PREVENT FRAUD. SHOULD THE CLAIM BE INTENTIONALLY FALSE OR FRAUDULENT IN ANY RESPECT THEN ALL BENEFITS UNDER THE POLICY WILL BE LOST AND THE CLAIMANT WILL BE LIABLE FOR ANY COSTS INCURRED.

DECLARATION. Please tick to confirm you have read and understood each line:

I / We declare that the information contained within this claim form is true and correct to the best of my/our knowledge and belief. Yes

I / We have not withheld any information or documentation from insurers within my/our knowledge connected with this claim. Yes

I / We agree to provide further information or documentation as may be reasonably required. Yes

I / We assign to insurers all rights of recovery / salvage against any person or organisation and will do whatever else is necessary to secure such rights Yes

SIGNATURE OF CLAIMANT: DATE: