Claim Form

Delay/Missed Departure

AVIVA

PLEASE WRITE IN BLACK INK AND USE BLOCK CAPITAL LETTERS.
ALL SECTIONS MUST BE COMPLETED OR MARKED 'NOT APPLICABLE'.
COMPLETE THE CHECKLIST AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM.

Name of Policyholder	Policy no.
NORTHUMBRIA POLICE FEDERATION JBB	25110282ECA

MAIN POLICYHOLDER DETAILS

Title	First name	Last name

Email address	Date of birth (DD/MM/YYYY)

Full address	
	Postcode

Contact no. Daytime	Contact no. Evening

Please complete the information below as we will need this to check your cover with the Federation Office.

☐ **SERVING OFFICER**   ☐ **POLICE STAFF**   ☐ **RETIRED**

RANK _____   STAFF No. _____

COLLAR/POLICE ID No. _____   PAY OFFICE _____

PAY OFFICE _____

For security purposes please provide a password which will be required to access your claim information
This is for additional security and you may be asked for it when calling Aviva.

INSURED PERSONS DETAILS

Full name	Date of birth (DD/MM/YYYY)	Relationship to main policyholder	I intend to claim on behalf of:
IF NOT MAIN POLICYHOLDER AS ABOVE PLEASE STATE NAME BELOW AND OTHER REQUESTED DETAILS			

TRAVEL DETAILS

Please provide a copy of your original itinerary/travel documents.

Please give the reason for delay/missed departure:

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Please state the **scheduled** times of travel:

Date of departure: _____   Date of arrival: _____

Place of departure: _____   Place of destination: _____

Departure time: _____   Arrival time: _____

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:

_____
_____
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PAYEE'S BANK DETAILS

If we approve your claim, we can credit the money direct to your bank account. This method is quicker, safer and more reliable than payment by cheque. If you would like us to do this, please complete the following:-

Name of your Bank/Building Society: _____

Address: _____

Postcode: _____

Bank Sort Code: ☐ ☐ ☐ ☐ ☐ ☐

Account Number: _____

Name of Account Holder(s): _____

DATA PROTECTION

Information You or the Insured Person supplied may be used for the purposes of insurance administration by Us, its associated companies and agents, by reinsurers and Your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing of Our compliance with any regulatory rules/codes. Your and the Insured Person(s) information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, We or Our agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the Us (such as loss adjusters or investigators).

With limited exceptions, and on payment of the appropriate fee, You or the Insured Person have the right to access and if necessary rectify information held.

DECLARATION

I declare that all the information given is to the best of my knowledge and belief, full true and correct.

_____   _____
SIGNED   DATE

CHECKLIST

Please return the completed claim form together with any enclosures to Aviva and please ensure:

☐ You have completed **all** relevant questions on this claim form

☐ You have enclosed all requested original documents (we recommend you retain copies)

☐ You have signed this claim form

As failure to do so will result in delay in handling your claim.