



TRAVEL DELAY / MISSED DEPARTURE CLAIM FORM

Please submit your claim to
claims@optimumglobal.com

Personal Data provided in this claim form or submitted as part of this claim will be used and processed by us in line with our Privacy Policy which can be found on our website, or which can be requested from us at any time.

SECTION A: PATIENT DETAILS TO BE COMPLETED BY INSURED MEMBER

Name of Main Applicant:	Membership No.:	Date of Birth:	Sex:
_____	_____	_____	_____
Name of other claimants (If other than the main Applicant):			

Present Contact Address:			

Telephone number:	Email Address for Remittance Advice:		
_____	_____		

SECTION B: SETTLEMENT DETAILS

We settle all eligible claims by bank transfer (EFT), therefore it is important that you confirm your correct bank details every time you make a claim. Should the incorrect bank details be provided we reserve the right to charge an administrative fee to cover any charges incurred due to the error.

Total amount claimed (including currency): _____

Currency of Reimbursement: _____

Bank Transfer – **All fields in the box below are MANDATORY. If the account holder is not the claimant then you must state their relationship with the claimant and provide evidence of their permission for the funds to be transferred to their account (except in the case of a minor):**

Name of Account Holder (as it appears on bank statement): _____

Relationship to claimant _____

IBAN where applicable _____

Routing/intermediary information if required _____

Beneficiary Bank Account number (only if IBAN not applicable) _____

Account Holder address (residential address registered with the bank): _____

Name of Bank, Branch and Location: _____

Swift Code/BIC: _____ ode (for UK banks only): _____

PLEASE NOTE:

- Bank charges may apply when making bank transfers.
- Payments are not made directly to any clinic, physician or medical provider.
- If IBAN numbers are not used please ensure that the account number is entered and that the Swift Code/BIC is also completed.

DECLARATION & AUTHORISATION

I declare that to the best of my knowledge all particulars contained in this form are true and correct. In the event of a third party being liable for loss/damage all rights in this matter are subrogated to Optimum Global on settlement of the claim. If cover exists under any other policy, I give my authority for contribution to be sought from their insurers. I understand that some of the information provided will be made available to other insurers for underwriting or claims handling purposes.

I certify that the above statements and answers are true and complete to the best of my knowledge and belief.

Signature of Main Applicant

Date





SECTION C: TRAVEL DETAILS

Travel Destination:

Country: _____

Departure Date: _____ / _____ / _____ Return Date: _____ / _____ / _____

Purpose of Trip: Business Pleasure

SECTION D: CLAIM DETAILS

TRAVEL DELAY

Reason for the delay: _____

Location of delay: _____

Scheduled date and time of departure: _____ / _____ / _____ : _____ AM PM

Flight/Ferry Number: _____

Airline/Ferry Company: _____

Actual date and time of departure: _____ / _____ / _____ : _____ AM PM

Flight/Ferry Number: _____

Airline/Ferry Company: _____

Number of hours delay: _____

Have you received any refund/alternative booking from the travel operator? Yes No

If yes, please give details: _____

SECTION E: MISSED DEPARTURE

Reason for the missed departure: _____

Location of missed departure for your trip: _____

Method of transport: _____

Means employed to rejoin trip: _____

Additional Expenses being claimed: _____

Have you made a claim/complaint, or received any refund from the operator? Yes No

If yes, to additional expenses or complaint please provide a copy of relevant documentation. _____





SECTION F: GUIDANCE NOTES

The following documentation must be provided in order for your claim to be processed.

ITEM	ENCLOSED
Your original booking invoice which is sent to you at the time of booking your trip _____	<input type="checkbox"/>
In respect of Travel Delay Claims:	
Confirmation from the operator of the exact reason, time, and length of delay _____	<input type="checkbox"/>
In respect of Missed Departure Claims:	
Confirmation from the appropriate authority confirming reason for missed departure _____ (i.e. Breakdown report, traffic report, airline/ferry delay confirmation)	<input type="checkbox"/>
Receipts for the additional travel and/or accommodation costs being claimed _____	<input type="checkbox"/>
Evidence of refund from tour operator/airline _____	<input type="checkbox"/>
If you have submitted a claim to another authority, copies of all correspondence _____	<input type="checkbox"/>



