

Travel Delay Claim Form

ERGO

Travel Insurance

How to Make a Claim

Please fill out this form with as much detail as you can. Missing or incomplete information may delay the processing of your claim.

Once completed, you can either:

Email it to us at claims@ergo-ias.co.uk - you can fill it out digitally or scan a printed copy,

or

Post it to:

Ergo Travel Insurance Ltd,
PO Box 982,
LEEDS
LS1 9XL



Code for
Office Use

What to Include with Your Claim

To help us process your claim as quickly as possible, please send us the following:

1. **Booking confirmation** - From your service provider or tour operator showing your travel dates, destination, trip cost and names of all travellers.
2. **A letter from the carrier confirming the delay**, including:
 - a. The exact reason for the delay.
 - b. The scheduled and actual departure date and time.
3. **Alternative transport (if applicable)** - Please provide any documents confirming that alternative transport was offered or arranged, such as emails, tickets, or confirmations from the carrier.

IMPORTANT

To help us process your claim, you'll need to provide documents that support your loss. This may include details of any other insurance you hold.

If the required documents aren't provided, your claim could be delayed and, in some cases, we may not be able to pay it.

The documents listed are common examples, but depending on your situation, we might need additional information.

ADDITIONAL SUPPORT - THIS IS AN OPTIONAL SECTION

Is there anything we can do to support you with your claim or in how we communicate with you?

Yes ☐

If you have ticked 'Yes', using the box below please tell us what kind of support would help - for example, extra time to respond, help understanding information, or a preferred way to communicate.

About You and Your Policy

POLICYHOLDER DETAILS

Please provide the details of the policyholder - the person named on the insurance policy.

Title	Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other ☐	
First Name			Surname			
Date of birth	DD/MM/YYYY					
Address						
Post code						
Phone number						
Email address						

YOUR DETAILS (ONLY IF YOU'RE NOT THE MAIN POLICYHOLDER)

If you're filling out this form on behalf of someone else, please provide your details below so we know who to contact if we have any questions.

Title	Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other ☐	
First Name			Surname			
Date of birth	DD/MM/YYYY					
Address						
Post code						
Phone number						
Email address						

YOUR POLICY & TRIP DETAILS

Who did you buy your policy from?			
Policy number		Date policy was purchased	DD/MM/YYYY
Date your trip was booked	DD/MM/YYYY	Destination	
Scheduled start date of your trip	DD/MM/YYYY	Scheduled end date of your trip	DD/MM/YYYY

About Your Claim

CLAIM DETAILS

Date you first became aware of the possible delay/disruption

Scheduled departure. Date Time

Actual departure. Date Time

Length of delay. Hours

Reason for the delay/disruption:

CONNECTING FLIGHT (IF APPLICABLE)

Did you have a connecting flight that was also delayed?

No ☐ Yes ☐

If Yes, please provide the following details:

Date you first became aware of the possible delay/disruption for this flight

Scheduled departure. Date Time

Actual departure. Date Time

Length of delay. Hours

Reason for the delay/disruption:

ALTERNATIVE TRANSPORT

Were you offered alternative transport to reach your destination?

No ☐ Yes ☐

If Yes, please provide details:

Settlement by Bank Transfer (BACS)

We'll pay any claim settlement directly into your bank account. This is the fastest and most secure way to receive your payment

Please complete all the details below in full, and remember to sign and date the form.

Once your payment has been made, we'll send you an email confirmation.

If your bank account includes travel insurance benefits, we may contact your bank to recover funds directly from them. This will not affect you or your claim payment in any way.

YOUR DETAILS

Name of Claimant	
Email address (where we'll send confirmation of payment)	
Name of payee (must match the name on the bank account)	
Bank name (e.g. HSBC)	
Type of account (e.g. Gold, Premier, Flex)	
Account number	
Sort Code	

If your bank account is outside the UK, please also provide:

Country	
IBAN/BIC number	
SWIFT code	

CONFIRMATION OF BANK DETAILS

Signature		Date	DD/MM/YYYY
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IMPORTANT: PLEASE DOUBLE-CHECK ALL DETAILS BEFORE SUBMITTING YOUR CLAIM.

We can't accept responsibility for delays or errors caused by incorrect bank information.

Claimant's Declaration and Signature

By signing below, I confirm that:

- The information I've given in this claim is true and accurate to the best of my knowledge.
- I haven't left out anything important that could affect how my claim is assessed.
- If I'm claiming on behalf of someone else, I have their permission to do so and they understand that ERGO Travel Insurance Services Ltd (ETI) is not responsible for how any payments are shared between us.
- I give permission for any doctor or medical authority mentioned in this claim to share relevant information from my medical records with ETI, in line with the Access to Medical Reports Act 1988 (or similar legislation).
- I understand that making a fraudulent claim is a criminal offence, would invalidate my policy, and could lead to prosecution.
- I consent to ETI:
 - recording, storing, and using my personal data as part of this claim, and
 - sharing this information with other insurers and relevant organisations to help prevent fraud, in line with data protection laws (UK GDPR).

I have read and understood this declaration and have included the documents needed to support my claim.

Claimant's full name

Signature Date

If you're completing this form for the policyholder, do you have their permission to manage the claim? Yes ☐ No ☐

Your full name

Signature Date

If you are authorising someone else to act on your behalf

I / We authorise to act on my/our behalf in this matter.

Signature Date

How We Use Your Personal Data

PRIVACY NOTICE

For full details on how we use and protect your personal data, please see our **Privacy Statement** at [Privacy Statement – ERGO Travel Insurance](#).

WHO WE ARE

ERGO Travel Insurance Services Ltd (ERGO TIS) is responsible for how your personal data is used in connection with your insurance policy and claim.

Although your policy may have been arranged through one of our partner brands and your claim may be handled by an authorised claims handler on our behalf, **ERGO TIS remains the data controller** for your personal data.

HOW WE USE YOUR DATA

We use your personal data to manage and settle your claim, administer your policy, and meet our legal and regulatory obligations.

PURPOSES AND LEGAL BASIS

We process your personal data on the following lawful bases:

- Contractual necessity – to provide insurance services and handle claims.
- Legal obligations – to comply with laws and regulations.
- Legitimate interests – to manage claims efficiently and improve our service.
- Consent – where we rely on your explicit consent for specific processing activities.

For health or other special category data, **ERGO TIS** relies on the **Insurance condition** under the **Data Protection Act 2018, Schedule 1, Part 2, paragraph 20**, allowing processing for insurance purposes in the substantial public interest.

WHO WE SHARE THE DATA WITH

We may share your data with trusted partners such as claims handlers, service providers, and regulators as needed to manage your policy and claims.

For details of our processors and safeguards, please see our full Privacy Statement at [Privacy Statement – ERGO Travel Insurance](#).

YOUR RIGHTS

You have rights regarding your personal data, including access, correction, deletion, and objection.

You can also complain to the [Information Commissioner's Office \(ICO\)](#) if you are unhappy with how we handle your data.

FURTHER INFORMATION

For more information, or to contact our **Data Protection Officer (DPO)**:

Email: dataprotectionofficer@ergo-travel.co.uk

Address: Afon House, Worthing Road, Horsham, RH12 1TL