

# Report Form for Delay/Missed Departure Claim

This file is a fillable pdf form. Please complete all questions - if any question is not applicable please state "N/A".

## **Insured Details**

| Name of Policyholder                                  |   |  |               |  |  |
|---|---|--|---------------|--|--|
| If a Subsidiary of the Policyholder                   | please provide Company Name   |  |               |  |  |
| Policy Number   |   |  |               |  |  |
| Relationship to Policyholder                          | Director 🔵 Employee 🔵 Student 🔵 Contractor 🔵 Volunteer 🔵 Consultant 🔵 Other 🔵 |  |               |  |  |
| If Other - please provide details                     |   |  |               |  |  |
| Please confirm the Country Conti                      | racted to by the Insured Person(s)  |  |               |  |  |
| Full Name of Insured Person                           | me of Insured Person  |  |               |  |  |
|   | Mr Mrs Miss Ms  | ) Other  | Date of Birth |  |  |
| Insured Person's Full Address                         |   |  |               |  |  |
| Street  |   |  |               |  |  |
| City  |   | County   |               |  |  |
| Country   |   | Postcode   |               |  |  |
| Email   |   |  |               |  |  |
| Tel no.   |   | Fax  |               |  |  |
| For security purposes please provi                    | de a password which will be required  | to access your claims information                                |               |  |  |
| Full Name of Claimants                                |   |  |               |  |  |
|   | Date of Birth   | Relationship to the Insured Person eg, Partner, Son, Daughter    |               |  |  |
|   | Date of Birth   | Relationship to the Insured Person eg, Partner, Son, Daughter    |               |  |  |
|   | Date of Birth   | Relationship to the Insured Person<br>eg, Partner, Son, Daughter |               |  |  |
| Travel Details  |   |  |               |  |  |
| Type of Travel  |   | Business Holiday   | $\bigcirc$    |  |  |
| Please give the reason for the Delay/Missed Departure |   |  |               |  |  |
|   |   |  |               |  |  |

| Please state the schedul  | ed times of travel |                  |  |  |  |
|---|--------------------|------------------|--|--|--|
| Date of Departure   |                    | Date of Arrival  |  |  |  |
| Place of Departure  |                    | Place of Arrival |  |  |  |
| Departure Time  |                    | Arrival Time     |  |  |  |
| Please provide a copy of your original itinerary/travel documents if available  |                    |                  |  |  |  |
| 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  |                    |                  |  |  |  |

## **Data Protection**

In order to administer this claim, the personal information provided above will be used by Chubb European Group SE, Aon UK Limited and in the event of an EEA exposure claim One Underwriting B.V. acting through its UK branch.

For details of how we use personal information, including our lawful bases for processing such information, please see our Privacy Notice.

#### Sensitive personal information relating to others

In order to process certain information, for example health or other sensitive personal information (known as special category personal data) concerning other individuals related to your claim (e.g. information about your spouse, civil partner, child(ren), dependents or other third parties) we are required to obtain consent. In providing such information, you confirm the relevant individuals have appointed you to act for them to consent to the processing of their special category personal data and that you have provided these individuals with a copy of our Privacy Notice.

• Please tick the box below to consent to us processing the special category personal data relating to above individuals and the sharing of this information with our group companies or other third parties such as insurers, brokers, loss adjusters, credit reference agencies, service providers, professional advisors, regulators or fraud prevention agencies where necessary for purposes associated with processing the claim

Where consent is provided, the individuals concerned are entitled to subsequently withdraw consent at any time by emailing **<u>aum.claims@aon.co.uk</u>**. However, withdrawing consent may mean we are unable to process the claim.

#### **Conflicts of Interest**

**Please note:** Aon Underwriting Managers (AUM) is a Managing General Agent which is part of Aon UK Limited and is authorised by the Insurer to handle claims under the AonProtect scheme and will do so under the terms and conditions of the policy. Aon Underwriting Managers are therefore acting for the insurer. Any objection to this arrangement should be raised when first reporting the claim.

One Underwriting B.V. acting through its UK Branch has appointed Aon UK Limited trading as Aon Underwriting Managers to perform certain administrative services on its behalf.

## **Declaration**

By signing/inputting my name below and submitting this form I consent to the above data protection disclosure and I declare that all information given is to the best of my knowledge and belief, full, true, accurate and correct. **Please print and sign.** 

| Print Name | Signed | Date |
|------------|--------|------|
|            |        |      |
|            |        |      |

#### **Payee Advices**

All claims payments will be issued payable to the policyholder (your employer/company) and not the claimant unless Aon Underwriting Managers (AUM)has received prior authorisation to pay the claimant direct.

However, if you are the claimant and require any payment to be made to yourself, your Company Insurance Administrator or Line Manager will need to provide written/emailed authorisation to Aon Underwriting Managers (AUM).

#### **Bank Details**

When the claim has been approved and once we have received written confirmation from the policyholder to issue any payments due direct to the claimant, you may have the payment credited direct to your bank account. This payment method is both speedier and safer than payment by cheque. If you would like to take advantage of this arrangement, please complete the following:

| Bank Name      | Sort Code | Swift code |
|----------------|-----------|------------|
| IBAN Code      |           |            |
| Bank Address   |           |            |
| Account Name   |           |            |
| Account Number |           |            |

#### **Please Ensure**

- 1 You have completed ALL relevant questions on the claim form.
- 2 You have enclosed all requested information/documentation.
- **3** You have signed this claim form.

Failure to do so will result in a delay in handling your claim.

Thank you for completing this form.

## **IMPORTANT**

Please print and sign this form and return to:

Insurance Team University of Oxford Finance Division 23-38 Hythe Bridge Street Oxford OX1 2ET

t +44 (0)186 561 6078

Or scan and email to: insurance@admin.ox.ac.uk

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