**Guidance on how to complete your travel-related Insurance claim**

This guidance is to help you complete the

**‘Travel Claim form – Cancellation, curtailment, alteration, disruption or delay’**

**Introduction - Please Read First.**

**Please follow the instructions below or your claim may not be processed**

By following this guidance it will help you complete your insurance claim and provide the necessary information first time and prevent delays settling your claim. Therefore:

* Please complete the form with as much detail as possible before submitting
* Open the claim form and use the *Fill and sign* option in Adobe to fill in the pdf form wherever possible
* Provide a detailed travel itinerary of your planned trip and any cancellations, curtailments/ alterations, travel delays or illness/injury as appropriate on a separate sheet and submit with your claim form - See [Appendix 1](#App1) of an example itinerary which you can use.
* If you cannot fit all claim amounts in the spaces on the form please use the sheet in [Appendix 2](#App2), save a copy submit with your claim

*Before submitting your claim please check:*

* All relevant sections have been completed
* The information provided is accurate
* All supporting evidence is available
* Please send completed claim form and attach all relevant supporting evidence as pdf or images to the following email address **insurance@manchester.ac.uk**with a subject title **“travel claim – (your name) – (your University ID number)”**
* If you have any queries relating to any of the questions on the claim form, please state these clearly in your covering email so an answer can be provided

Please note that you can only make claim for irrecoverable financial loss in transport and accommodation costs. The policy does not provide cover for fees, such as event registration fees, placement fees, tuition fees, social club membership fees.

You will need to provide evidence to support your claim and examples of the evidence are stated in the relevant sections of the guidance. Inaccurate information or lack of appropriate supporting evidence is likely to result in delays in assessing your claim, or claim being rejected.

Claims **must not be sent directly to AIG** as they will not be processed.

Thank you.

Insurance Office

**How to complete the Travel Claim Form – Cancellation, curtailment, alteration disruption or delay.**

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|  | **Details required from person making the claim** |
| **PART 1 - Details of the insured College/University** |  |
| **Details of the policyholder (University)**  | None – Insurance office use only |
| Does the claimant work at thisaddress?If not where does the claimant work/ study? (Please namebranch/ subsidiary and location) | Select whether you work at the main University campus or not.If not on the University Campus, give the location and address of where you work. |
| **If you claim as a University/College representative (HR, Finance, Dept etc) please provide your details** | None – Insurance office use only |
| **Details of the claimant (the person who suffered the personal property loss, damage or delay)** | Insert the **full details** of the person who has suffered the loss * Employee/Student Number = University ID
* Occupation = role at the University
* Relationship to policyholder = Claims can only be made by staff or students travelling on University business or on an official work or study placement.
* Which department are you connected to? – Insert Faculty & School or Professional Services and Directorate etc
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| **PART 2 – DETAILS OF THE CLAIM** |
| **Details of the trip** | * Travel destination – Provide beginning and end of your journey
* Scheduled dates of trip – Provide the date you were due to leave and when you were due to return, before your journey was cancelled, curtailed or altered or delayed
* Travel order number (if applicable) – provide Purchase Order number used to buy your tickets
* Reason for your travel - Select the appropriate box
* Country where loss occurred – where were you when the problem arose that resulted in this claim being made? If your claim is for the cancellation of a future trip please state the proposed destination

**Please attach relevant supporting evidence** **for this section when you submit your claim form**: This may be in the form of a detailed itinerary, emails, photographs of tickets etc. This may also be used as supporting evidence for other sections of the form* Evidence of the reason of business travel, such as placement letter, conference invitation letter, etc showing the dates of official business
* for student claims, evidence of pre-approval of the travel by your supervisor or from your School
* Pre-booked travel details
1. Original itinerary / travel plan (i.e. destination from where to where; and the scheduled dates)
2. Date tickets purchased
3. Specify the type of pre-booked ticket:
* A single ticket – outward / inward
* A return ticket
* A multiple destinations / round trip ticket
1. Specify who arranged the travel? - Key Travel / Yourself / Other organisation
2. How was it paid? - University account / University credit card / Personal credit card
* Pre-booked accommodation details
1. Original accommodation plan (location and dates from and to)
2. Please specify the type of pre-booked accommodation and address
3. Date accommodation purchased
4. Specify who arranged the accommodation? Key Travel / Own arrangements
5. How was the accommodation paid for? - University account / University credit card / Personal credit card
6. How many people was the accommodation booked for? -

Provide the number and names of all booked to stay at this accommodation |
| **Please complete the sections which apply:** | For the rest of Part 2 complete Sections A-D as relevant to your claim.  |
| **A. Details of cancellation (if applicable)** |
| Reason for cancellation, eg strike, weather, employee resigned, illness (if illness, please also complete Section D) | State the reason the trip was cancelled and evidence of the cancellation |
| Total cost of trip | State the total cost of the trip.  |
| Date Travel Agent/Tour Operator/ Airline notified of cancellation (if applicable) | Give the date you were informed of the cancellation(s) and by whom.Provide evidence to support this e.g. email from airline  |
| What refund, if any, has been made or to be made to you by your Travel Agent / Tour Operator / Airline? | Have you sought any refund from all providers and/or card company? (Note: you must seek refund from all providers and/or card company in the first instance before making a claim)* If they have provided refunds, what is the amount?
* If they have not provided refunds, have they provided an alternative offer, such as a credit note?
* If trip or part of it was purchased using a personal credit card, have you sought any chargeback from card provider? If so, what is the amount?
 |
| What is the amount of your claim? | Provide here the total amount you are claiming relating to the cancellation of your travelIf the space on the form is insufficient please use [Appendix 2](#App2) to itemise the costs eg flight, rail fares and accommodation |
|  |
| **B. Details of curtailment or alteration (if applicable)** |
| Reason for curtailment or alteration of the trip eg weather, employee resigned, illness (If illness, please also fill in section D) | Provide clear information relating to the reason the trip was curtailed or altered and provide supporting evidence eg emails, doctor’s note etc  |
| Date returned home | State the date you had to return home |
| Total cost of trip | State the total cost of the trip |
| Date Travel Agent/Tour Operator/ Airline notified of curtailment or alteration (if applicable) | Provide date of curtailment or alteration and **evidence** to support this |
| What refund, if any, has been made to you by your Travel Agent / Tour Operator / Airline? | State whether you sought a refund from providers. * If refunds given, state who provided it and the amount
* If refund not provided, did they provide an alternate offer, such as credit note?
* If anything was purchased by a personal credit card, have you sought any chargeback from card provider? If so, what is the amount?
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| What is the amount of your claim? | Provide here the total amount you are claiming that relates to the curtailment/alteration costs If the space on the form is insufficient please use [Appendix 2](#App2) to itemise the costs eg flight, rail fares and accommodation |
| **Additional supporting evidence for this section**If your curtailment of alteration resulted in changes to your accommodation you may need to provide the following additional information and evidence of payments made. Add this information to the itemised list in [Appendix 2](#App2)**Unused accommodation (only for long term contract agreement with a landlord)**Supporting information required:* A copy of tenant contract agreement
* Evidence of the amount you have paid
* Evidence of date you left accommodation
* Evidence that you have tried to get a refund but has been unsuccessful

**Additional accommodation**Supporting information required* Details of any additional accommodation required (i.e. location and dates from and to)
* Specify the type of additional accommodation
* Date accommodation was purchased
* Specify who arranged the accommodation? - Key Travel / Personal / other organisation
* How was it paid? - University account / University credit card / Personal credit card
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| **C. Details of travel delay (if applicable)** |
| Date of delay | When did the delay occur |
| Departure details | State date and time you were due to depart and the date and time you actually departed |
| Reason for delay | State the reason for the travel delay |
| Departing airport, station or port (or transit airport, station or port if delay occurred in transit) | Where were you when you were delayed |
| Flight /Train/Ship number | Details as appropriate eg Flight No BA123 |
| Flight/Train/Ship operator | Details as appropriate eg British Airways |
| Total time delayed at airport, portor station (days, hours) | Details as appropriateId additional accommodation was required as a result of the delay please provide evidence as in B above |
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| **D. Details of illness or injury which prevented you from travelling or caused travel alteration (if applicable)** |
| Injury or illness contracted | Give the date the coronavirus-related illness occurred which made you unable to travel or change your plans |
| Place of injury or illness | Give details of where you were when the illness occurred that prevented you travelling or caused an alteration in travel plans |
| Nature of injury or illness | What was the nature of the coronavirus-related illness that prevented you travelling or caused an alteration in travel plans |
| How was the injury sustained or the illness contracted? | Give details of how the coronavirus-related illness was contracted |
| Have you had the same illness/ condition before? | If you have become ill, have you suffered from this condition before? |
| If 'yes', provide dates | Give details of when you have had this illness before**Supporting evidence required**Please provide a doctor’s note confirming you were fit-for-travel |
| Address and contact details of qualified medical professional who confirmed you cannot travel or have to alter travel plans | If you have had treatment by a medical professional for the condition and this person has confirmed you cannot travel please give name and address of medical professional and date of treatment/ consultation  |
| Was the Assistance Company contacted? | Did you contacted AIG medical assistance about the illness or injury? If yes, provide their reference number. |
| Does another company insure the expenses you're claiming? | If you have more than one insurance policy covering the trip you should make a claim from your own personal insurer in the first instance. Please be aware that you cannot make a claim for the same thing twice from two different insurers. |
| If 'yes', give details | Please give contact details and address of the company providing this cover |
|  | **Supporting evidence for this section to support your claim** * Copies of any medical reports
* Evidence of any additional expenditure incurred
* Evidence of payments you have had to make
* A doctor’s note confirming you were fit-for-travel

Additional costs can be added to the itemised expenditure list in [Appendix 2](#App2) |

**Appendix 1 Travel-related Insurance claim**

**Travel Itinerary**(Please save a copy of this form and submit with your claim form as appropriate)

**Travel information**

Amend the form to add more information if more than 4 people were in the group

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| Provide names and University ID of all travelling or staying in the accommodation  |
| **Name** | **University ID number** |
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| Pre-booked travel details |
|  | **Journey No 1** | **Journey No 2** | **Journey No 3** | **Journey No 4** |
| Travel date |  |  |  |  |
| Airline/Train/Ship Operator |  |  |  |  |
| Departure Location |  |  |  |  |
| Departure time |  |  |  |  |
| Arrival Location |  |  |  |  |
| Arrival time |  |  |  |  |

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| Alternative travel details |
|  | **Journey No 1** | **Journey No 2** | **Journey No 3** | **Journey No 4** |
| Travel date |  |  |  |  |
| Airline/Train/Ship Operator |  |  |  |  |
| Departure Location |  |  |  |  |
| Departure time |  |  |  |  |
| Arrival Location |  |  |  |  |
| Arrival time |  |  |  |  |

**Continue on next page for accommodation details**

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| --- |
| Pre-booked accommodation |
|  | **Number of nights staying** | **Arrival date** | **Departure date** |
| Name and address of accommodation |  |  |  |
| Name and address of accommodation |  |  |  |
| Name and address of accommodation |  |  |  |
| Name and address of accommodation |  |  |  |

|  |
| --- |
| Alternative accommodation booked |
|  | **Number of nights staying** | **Arrival date** | **Departure date** |
| Name and address of accommodation |  |  |  |
| Name and address of accommodation |  |  |  |
| Name and address of accommodation |  |  |  |
| Name and address of accommodation |  |  |  |

**Appendix 2 Travel-related Insurance claim**

**Summary of costs incurred**

(Please save a copy of this form and submit with your claim form as appropriate)

Please ensure all items listed below are supported by the appropriate evidence listed in the guidance above

|  |  |
| --- | --- |
| Name of claimant |  |
| Staff/Student University ID |  |
| University email address  |  |

**Claim amount:**

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| --- | --- | --- |
| **Description** | **Date incurred** | **Amount** |
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| *Insert more rows in table as needed* |  |  |
| **Total value of claim**  |  |