

Travel Delay Claim Form

Thank you for notifying us of your claim

Please complete all questions – if any question is not applicable please state 'N/A'

This form can be completed electronically or by hand. Please send the completed form together with all relevant

correspondence to: **U M Association Ltd, 5 St Helen's Place, London EC3A 6AB**

Telephone: 020 7847 8670 Fax: 020 7847 8689 Email: claims@umal.co.uk

Please note: Windows 10 users viewing this form in MS Edge or Mac Users viewing in Preview may encounter problems saving the information entered. To avoid this, please ensure you have downloaded this form and are viewing it in the latest version of Acrobat Reader.

Name of Institution (University, College etc)	Certificate no.
<input type="text"/>	<input type="text"/>

Date on which travel commenced	<input type="text"/>	Date on which travel due to end	<input type="text"/>
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Full name of person covered (Mr, Mrs, Miss, Ms)	Date of Birth
<input type="text"/>	<input type="text"/>

Full address including postcode

Telephone no.	Email
<input type="text"/>	<input type="text"/>

Full name of other persons covered	Date of Birth	Relationship
1 <input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>

Please ensure you sign the declaration on the last page of this claim form

Travel Details

Type of travel: Business Holiday Placement Internship

Please give reason for delay

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

Place of Departure Place of Destination

Date of Departure Departure Time

Please provide a copy of your original itinerary/travel documents

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

Date of Departure Departure Time

Total length of delay in departure

Please provide documentary evidence from the carrier/tour operator to confirm length and cause of delay

Please provide any additional information you feel would be of use to us

Declaration

This form can be signed using a Digital Signature. Instructions are provided in the signature box below. For further information please click here (<https://helpx.adobe.com/acrobat/using/certificate-based-signatures.html>). If you prefer, the form can be signed by hand, scanned and emailed or posted to us.

Name	Signature
Position	
Date	

Please ensure:

- You have completed ALL relevant questions on this claim form.
- You have enclosed ALL requested information/documentation.
- You have signed this claim form.

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

Thank you for fully completing this form.