

Mehdi Paydayesh

Date: 21/02/2023  
Your adviser: Graciela Andre  
Tel: +44 (0)20 8603 9958  
E-mail: [travel.claims@allianz-assistance.co.uk](mailto:travel.claims@allianz-assistance.co.uk)  
Policy no: UK409994775  
Subject: **Claim 2023/4152063: Documentary evidence / information required**

Dear Mehdi Paydayesh,

Thank you for your recent contact. We are pleased to enclose your claim forms as requested. Please ensure this is fully completed, signed and returned to us, together with the following documentation:

- Bank account details
- Evidence from the service provider to show the length and cause of the delay
- Evidence to show the expenses claimed for
- Details of any other insurance that covers the same incident (e.g. credit card, other insurance)
- Booking invoice for your trip

If any document is missing, please clearly outline the reason(s) why.

We look forward to hearing from you.

Yours sincerely,

Claims Department  
Allianz Assistance



# Missed Departure

Claim Ref:

2023/4152063

Please answer ALL questions - BLOCK CAPITALS PLEASE

1. Please can you provide details of your original travel itinerary

Departure Point	Date of Departure	Time of Departure

2. At what time were you required to check in to your international departure point either from or to the UK?

3. How were you travelling to the departure point that you missed?

☐ Car

☐ Train

☐ Flight

☐ Taxi

☐ Bus / Coach

☐ Other (Please specify)

4(a)What time did you leave your home if you missed your outbound departure from the UK?

4(b)What time did you leave your accommodation if you missed your return departure to the UK?

5. At what point in your journey did the delay occur?

Place			
Date		Time	

6. Please provide details of the incident leading to you missing your departure.

7. When were you able to continue with your journey following the delay?

Date		Time	
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8. When did you arrive at your departure point?

Date		Time	
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Missed Departure  
Continued

Claim Ref: 2023/4152063

9. Provide details of the alternative travel and accommodation expenses you incurred as a result of missing your departure.

Ref No	Date	Description of Expense	Company	Amount	Currency

10. Have you received any refunds from, or submitted a claim with any other company or insurance policy? If so please provide details.


11. Other insurance (Please continue on a separate sheet if necessary)

Please provide details of any other insurance that may cover this trip.  
e.g. cover provided by tour operator / travel agent / bank / credit card / home contents insurance.

Company Name		Policy / Account No.	
Company		Level / Type of Cover	

# Travel Delay / Abandonment

Claim Ref:

2023/4152063

Please answer ALL Questions - BLOCK CAPITALS PLEASE

## 1. Travel Delay Claims

Scheduled Departure.	Date	<input type="text"/>	Time	<input type="text"/>	Length of delay (hours and minutes).	<input type="text"/>
Actual Departure.	Date	<input type="text"/>	Time	<input type="text"/>	Name of Carrier	<input type="text"/>

## 2. What was the reason given by the carrier for the cause of the delay?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## 3. Are you claiming for additional costs? Please list these below and confirm who incurred these costs

Date	Costs incurred
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(Please continue on a separate sheet if necessary)

## For Abandonment Claims

## 4. Details of trip cost and cancellation charges.

Travel Costs	<input type="text"/>
Accommodation Costs	<input type="text"/>
Excursions / Leisure Activities	<input type="text"/>
Deduct refunds received / advised	<input type="text"/>
Total amount claimed	<input type="text"/>

(Please continue on a separate sheet if necessary)

## 5. Other Insurance

Please provide details of any other insurance that may cover this trip.  
e.g. cover provided by tour operator / travel agent / bank / credit card / home contents insurance.

Company Name	<input type="text"/>	Level / Type of Cover	<input type="text"/>
Company Address	<input type="text"/>	Policy / Account No.	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

6. Previous Claims

☐

☐

5. (a) Has a claim been submitted to any other company for this incident ? Yes No

5. (b) If YES, please give full details.


Please confirm the account numbers and sort codes and mark which account you want us to make payment to.

Pay to this account	<input type="checkbox"/>	Account Number	<div></div>	Sort Code	<div></div>
Pay to this account	<input type="checkbox"/>	Account Number	<div></div>	Sort Code	<div></div>
Pay to this account	<input type="checkbox"/>	Account Number	<div></div>	Sort Code	<div></div>

Payment of any claim would normally be made to the lead claimant, if you wish payment to be made to anyone else please provide their details.

Name	Address
<div></div>	<div></div>

**It is against the law to submit a fraudulent claim. If your claim is found to be fraudulent it will be declined and the authorities informed**

1. I hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my knowledge and belief. I have not omitted any material information, which would affect the underwriters' judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf. Neither Allianz Assistance nor the underwriters will accept any responsibility if payments are not distributed proportionately to the persons concerned.

2. I understand that the information supplied will also be used for underwriting and fraud prevention purposes and may include passing such details to agents or other insurers.

3. I assign to Allianz Assistance all rights of recovery/salvage against any person or organisation and will do whatever necessary to secure such rights.

I have read and fully understand the declarations above.

Signed:..... Dated:.....

RETURN ADDRESS:

The claim form and all documentation should be returned to us at the address shown at the top of the claim form - Allianz Assistance, PO Box 451, Feltham, TW13 9EE.