

Trainline Cancellation Expenses Claim Form



Please complete this claim fully and return to us at:

ETI Claims Service
PO Box 9
Mansfield
Nottinghamshire
NG19 7BL

OR Scan and email to info@eti-services.co.uk

Personal details

Title Mr Mrs Miss Ms Other

Family name First name

Date of birth

Address

Daytime tel no. Post code

Email address Evening tel no.

Occupation

Policy details

Company name If applicable

Trainline Booking Reference Date of issue

Date of booking Destination

Date of travel Date of return

Travel agent Tour operator

Claim details

Reason for cancellation

Names of all persons cancelling

Date Trainline advised of cancellation

Verbally

In writing

If cancellation was due to a person not booked to travel please state:

Full name

Relationship

Cancellation charges and payment information

Total paid to Trainline	<input type="text" value="£"/>	Payment method	<input type="text"/>
Cancellation charges applied	<input type="text" value="£"/>	Refund given	<input type="text" value="£"/>
Total amount claimed	<input type="text" value="£"/>		

It is a condition of the policy and your responsibility to provide sufficient documentation to support your loss. Failure to provide the required documentation, including the details of any other insurances, will delay and may invalidate the claim.

Claimants declaration and signature

1. I declare that all details and particulars given in respect of the claim(s) made herein constitute a true and accurate statement.
2. To the best of my knowledge and belief I have not omitted any material information which would affect the insurers assessment of this claim.
3. I confirm that where a claim or claims are made in respect of others, I have their full authority to act on their behalf. I also confirm that they have been advised that ERGO Travel Insurance Services Ltd (ETI) will not accept any liability if any payments are not distributed proportionately to the persons concerned.
4. I hereby give my permission for any medical practitioner or authority mentioned herein to release further information regarding my medical records to ETI. I am aware that all such information will be disclosed in accordance with the terms and provisions of the Access to Medical Records Act (AMRA) or other similar legislation.
5. I am aware that an insurance claim made in the knowledge that any element thereof is fraudulent is a criminal offence and that this will invalidate the policy and will render me liable to prosecution.
6. I consent to ETI:
 - a. recording, storing and using my personal data in an electronic record of this claim; and
 - b. sharing the record of this claim, including my personal data, with other insurers and interested parties as part of insurance industry anti-fraud initiatives; in accordance with the General Data Protection Regulation.

I have read and understand the declaration above and included the necessary documents to substantiate my claim.

Claimant(s) full name(s)	<input type="text"/>									
Clients signature	<input type="text"/>	Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>

Full name of an authorised representative of the corporate policy holder (corporate and / or education group cover)

	<input type="text"/>									
Signature of authorised representative	<input type="text"/>	Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>

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

Client's signature	<input type="text"/>	Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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Confidentiality and data protection

Consent

We will only use Your personal data when the law allows Us to. Most commonly We will use Your personal data under the following two circumstances:

1. When You gave explicit Consent for Your personal data, and that of others insured under Your Policy, to be collected and processed by Us in accordance with this Data Protection Notice.
2. Where We need to perform the contract which We are about to enter into, or have entered into with You.

How We use Your Personal Data

We use Your personal data for the purposes of providing You with insurance, handling claims and providing other services under Your Policy and any other related purposes (this may include underwriting decisions made via automated means). We also use Your personal data to offer renewal of Your Policy, for research or statistical purposes and to provide You with information, products or services that You request from Us or which We feel may interest You. We will also use Your personal data to safeguard against fraud and money laundering and to meet Our general legal or regulatory obligations.

We collect and process Your personal data in line with the General Data Protection Regulation and all other applicable Data Protection legislation. The Data Controller is ETI. For the purposes of handling claims the Data Processor is ETI.

Special Categories of Personal Data

Some of the personal data You provide to Us may be more sensitive in nature and is treated as a Special Category of personal data. This could be information relating to health or criminal convictions, and may be required by Us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for Us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes as set out in this notice.

Sharing Your Personal Data

We will keep any information You have provided to Us confidential. However, You agree that We may share this information with Great Lakes Insurance SE and other companies within the ERGO Group and with third parties who perform services on Our behalf in administering Your Policy, handling claims and in providing other services under Your Policy. Please see Our Privacy Policy (www.ergotravelinsurance.co.uk/ergo-privacy-statement) for more details about how We will use Your information.

We will also share Your information if We are required to do so by law, if We are authorised to do so by You, where We need to share this information to prevent fraud.

We may transfer Your personal data outside of the European Economic Area ("EEA"). Where We transfer Your personal data outside of the EEA, We will ensure that it is treated securely and in accordance with all applicable Data Protection legislation.

Your Rights

You have the right to ask Us not to process Your personal data for marketing purposes, to see a copy of the personal information We hold about You, to have Your personal data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask Us to provide a copy of Your personal data to any controller and to lodge a complaint with the local data protection authority.

The above rights apply whether We hold Your personal data on paper or in electronic form.

Your personal data will not be kept for longer than is necessary. In most cases this will be for a period of seven years following the expiry of the insurance contract, or Our business relationship with You, unless We are required to retain the data for a longer period due to business, legal or regulatory requirements.

Further Information

Any queries relating to how We process Your personal data or requests relating to Your Personal Data Rights should be directed to:

Data Protection Officer, ETI, Afon House, Worthing Road, Horsham, RH12 1TL, United Kingdom

Email: dataprotectionofficer@ergo-travel.co.uk

Phone: +44 (0) 1403 788 510

Settlement by BACS

For your convenience and to offer an efficient smoother service, we would like to pay any claim settlement due directly into your bank account. Please provide ALL your details on this form as requested below, remembering to sign and date also.

If you do not wish to provide your bank details, any settlement due on your claim will be issued by cheque and may take a little longer to process.

You will receive an email from us to confirm when this payment has been made.

Your details	
Name of Claimant	
Email Address Where we will send confirmation of payment	

Bank account details	
Name of Payee This should be the same as held on the bank account	
Bank Name	
Bank Address inc. Country and Postcode	
Bank Account Number	
Sort Code	

If your bank account is held abroad, please also enter the following details:	
IBAN/BIC number	
Swift Code	

Signed

Date

D	D	M	M	Y	Y	Y	Y
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IMPORTANT: We do not accept liability for any errors due to the incorrect bank details being provided by you.

PLEASE CHECK ALL DETAILS PRIOR TO SUBMITTING YOUR CLAIM.