

Travel Delay Claim Form

TRAVELER INFORMATION

Name 1 Charles Kevin Damon
Prez First Middle Last Sufz

Mailing Address 124 Eden Isles Drive
Street Address

Sidell LA USA 70458
City State/Province Country Postal Code

Gender Date of Birth
M F 9 / 3 / 1962

Daytime Telephone # (985) 640 7891

Evening Telephone # (985) 640 7891

Preferred Contact Number x Day x Evening

Below, please enter the Name, Gender, Date of Birth and Relationship to Name 1 of other persons in the household who have a claim.

Name 2 Jacqueline Koch Morel
Prez First Middle Last Sufz

Name 3
Prez First Middle Last Sufz

Name 4
Prez First Middle Last Sufz

Gender Date of Birth Relation to Name 1
M F 4 / 24 / 1969 Traveling Companion

M F / / _____

M F / / _____

TRIP INFORMATION

Date You Purchased Protection Plan 8 / 2 / 2018 Attach a copy of the front and back of your canceled check or a copy of your credit card statement showing your protection plan purchase.

Name of Tour Operator/Cruise Line/Travel Agency Unique Vacations (Sandals & Beaches) Booking/Invoice # 11014213

Tour/Cruise Name and Number sandals royal caribbean Primary Trip Destination(s) Jamaica

Scheduled Trip Information: Scheduled Trip Departure Date 8 / 31 / 2018 Scheduled Trip Return Date 9 / 4 / 2018
 Trip Departure City New Orleans Trip Return City New Orleans
 Date of Initial Deposit for Trip 8 / 2 / 2018 Date of Final Payment for Trip 8 / 2 / 2018

Did you book through a travel agent/agency? Yes No If yes, Agency Name Seven Seas Travel

Agent Name Teri Mogovern Telephone No. (985) 643 6958 E-mail Address sevenseatravel@aol.com

Is there any other insurance or protection plan covering this trip? Yes No If yes, Policy or Plan No.

Name of other insurer _____ Telephone No. () _____ Claim No. _____

INFORMATION ABOUT YOUR TRAVEL DELAY

Dates travel not possible: From 9 / 4 / 2018 to 9 / 4 / 2018

Your delay was the result of (check appropriate box):

- Carrier delay or cancellation
- Circumstances other than carrier delay or cancellation (Describe reason(s) below)

If your travel delay was due to a carrier delay or cancellation, please complete:

Scheduled departure time: 3 : 10 AM PM Scheduled departure date: 9 / 4 / 2018
 Actual departure time: 3 : 10 AM PM Actual departure date: 9 / 5 / 2018
 Reason for delay/cancellation Hurricane approaching
 Name of carrier Spirit Airline Flight / Train / Bus # 270
 From Jamaica City To F.T. Lauderdale City

Please provide documentation of your carrier delay or cancellation.

If you incurred additional local transportation / hotel expenses due to the travel delay, please complete:

Additional Local Transport Expenses:

Name of Carrier New Orleans Int'l Airport Date of service: 9 / 5 / 2018
 Departed from: FT. lauderdale to New Orleans Fare: \$ 19.00
 Name of Carrier _____ Date of service: ____ / ____ / ____
 Departed from: _____ to _____ Fare: \$ _____
 Name of Carrier _____ Date of service: ____ / ____ / ____
 Departed from: _____ to _____ Fare: \$ _____

Additional Land Accommodation Expenses:

Name and address of hotel, motel: Sandals P.O. Box 167 Mahoe Bay, St. James Jamaica, _____
 Dates of Stay from: 9 / 4 / 2018 to 9 / 5 / 2018 Amount paid: \$ 450.00
 Name and address of hotel, motel: _____
 Dates of Stay from: ____ / ____ / ____ to ____ / ____ / ____ Amount paid: \$ _____

Additional Meal Expenses:

Date: / / Name of hotel, restaurant, etc. Amount paid: \$
 Date: / / Name of hotel, restaurant, etc. Amount paid: \$
 Date: / / Name of hotel, restaurant, etc. Amount paid: \$
 Date: / / Name of hotel, restaurant, etc. Amount paid: \$
 Date: / / Name of hotel, restaurant, etc. Amount paid: \$
 Date: / / Name of hotel, restaurant, etc. Amount paid: \$

Total Amount Being Claimed: \$ 469.00

Provide documentation (i.e. tickets, receipts, bills, etc.) for all of the above expenses.

Charles Dammon
 124 Eden Isles Drive
 Slidell LA, 70458

Trip Mate, Inc.*
 9225 Ward Parkway, Suite 200
 Kansas City, MO 64114

In CA & UT, dba Trip Mate Insurance Agency
 7292 (Toll-Free) Fax: 1-816-523-3379 E-mail: mail@travelclaims

Important Information (Please read and sign)

Fraud Warning: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

To determine eligibility for claim benefits, claim payment amounts, and identification and prevention of potential fraudulent activity, the insurance company(ies) underwriting your policy, or its representatives, may disclose the claims information submitted to the insurance company(ies), or its representatives, to any insurance support organization or fraud information clearinghouse utilized by the insurance company(ies), or its representatives.

**** ATTENTION: IF YOU ARE CLAIMING AIRLINE TICKETS, PLEASE COMPLETE THE BELOW. ****

Your airline tickets may have value for up to one year from the original scheduled travel date. Please indicate below whether you will be exchanging your ticket for another trip. Please note: Your signature on this agreement is not a guarantee of payment. All final claim determinations are subject to eligibility and the terms of the policy.

___ I (We) will not be using our airline ticket(s). (Please include a copy of your electronic ticket confirmation(s) which includes your ticket number(s).)

___ I (We) will be exchanging our airline ticket(s) for future travel. (Please submit documentation of the cost you incurred or will incur to exchange your ticket(s).)

Please review the claim form to make sure all of the information provided is accurate and complete and that all required documentation is included and sign below.

All statements contained in this form are true and complete to the best of my knowledge.

Date Completed: 09 / 11 / 18

Your Name: CHARLES DAMMON

Your Signature: Charles Dammon

FR-02-14

Charles Dammon	
124 Eden Isles Drive	
Slidell LA, 70458	

Trip Mate, Inc.*
9225 Ward Parkway, Suite 200
Kansas City, MO 64114

In CA & UT, dba Trip Mate Insurance Agency
7292 (Toll-Free) Fax: 1-816-523-3379 E-mail: mail@travelclaims