

TRAVEL DISRUPTION FORM

PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA-IG) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission. NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organization; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you. Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

SECTION A : PERSONAL DETAILS

First Name: _____ Surname: _____
Date of Birth: _____ Occupation: _____
Nationality: _____ Passport Number: _____
Postal Address: _____ Postal Code: _____ Town: _____
E-Mail Address: _____ Mobile Phone: _____

SECTION B : POLICY INFORMATION

Policy Number: _____ Name of policy: _____
Date issued: _____ Policy start date: _____ Policy end date: _____
Date the loss occurred: _____ Number of insured travellers: _____

Please advise the section(s) of the policy you are making the claim under:

Total amount claimed: _____

SECTION C : TRAVEL DETAILS

Booking reference: _____ Booking Date: _____
Tour operator: _____
Departure date: _____ Return date: _____ Total days: _____ No. in party: _____
Destination country: _____ Destination city: _____

SECTION D : ELECTRONIC FUNDS TRANSFER DETAILS

You should ensure that your payment details are correct on this form. We shall not be responsible for any incorrect payments or delays arising as a result of the provision of incorrect information. We cannot accept responsibility for the security of the information on this form until it is received by us. We recommend you provide a cancelled cheque.

Name of the account holder: _____

Name of the bank: _____

Address of the bank: _____

Branch Code: _____ Currency of the account: _____

IBAN / Account Number: _____ SWIFT / BIC Code: _____

SECTION E : TRAVEL DELAY / MISSED DEPARTURE / ABANDONMENT

Are the expenses insured by any other policy you have? E.g travel agent issued, bank account or credit card policy? Yes No

PLEASE NOTE: Where 2 policies cover the same loss it is normal practise for both insurers to share the cost. This will not affect any no claims discount or premium for that policy.

If YES, please supply the following details:

Insurer name: _____ Insurer address: _____

Policy number: _____ Telephone number: _____

Name: _____ Relationship: _____

Details of any previous claims made on an alternative travel insurance policy for similar circumstances

Have these insurers been notified? Yes No

If yes, give details and the claim reference number below:

SECTION F : TRAVEL DELAY CLAIMS

NB: This section provides a set benefit payment only and does not cover incidental expenses incurred as a result of delay.

	Airport / Ferry port etc	Date	Departure time	Arrival time
Scheduled departure				
Actual departure				

Length of delay (hours and minutes) Name of transport carrier: _____

Please state the reason provided by the tour operator, airline, cruise company, rail company etc for the cause of delay:

SECTION G : DELAY LEADING TO TRIP ABANDONMENT

Please complete if you abandoned your trip as a result of the delay.

	Airport / Ferry port etc	Date	Departure time
Scheduled departure			
Next available departure as advised by the airline / ferry company etc?			

Please state the reason provided by the tour operator, airline, cruise company, rail company etc for the cause of delay:

	Amount paid	Refund due or paid	Refunds
Ticket Costs			
Accommodation costs			
Pre-paid excursions / Hire car / parking			
Total			

SECTION H : MISSED DEPARTURE CLAIMS

Place where your initial or final international departure point was? _____

Time of your scheduled check-in for international departure: _____

Exactly how long were you delayed? In hours and minutes: _____

Method of transportation used to get to your international departure point: _____

Time you left your home address or resort if on your return journey: _____

Please give details of the incident leading to your missed departure, continue on a separate sheet if necessary.

Please provide details of the additional accommodation and transport expenses incurred below (use a separate sheet if required).

Ref No.	Date	Description of item	Receipt / Invoice from	Amount	Currency
Total Amount Claimed					

SECTION I : CONSENT & DECLARATION

Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting ncbainsurance@ncbagroup.com.

I consent

I do not consent

Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for NCBA Insurance to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

Name: _____

Signature: _____ Date: _____

(If Corporate)

Name: _____

Designation: _____

Company Stamp and Date: