

CLAIM FORM - Personal Possessions, Money & Passport

This is side 1 of 2

Claims reference number:

Please complete in **BLOCK CAPITALS** and in **BLACK INK**, and continue any answers on a separate sheet if necessary. If any sections on this or any related form are left blank or are unclear, your claim may be delayed.

Please ensure that you send in the **ORIGINAL** booking invoice that confirms your travel dates and who you were travelling with

1. Was your baggage: (please circle)	LOST	STOLEN	DAMAGED	MISPLACED	DELAYED
2a. Where were you at the time of the incident?:			3. Date of incident: / /		
2b. Where was the item at the time of the incident?:			Time of incident: : am/pm		
4. Please FULLY DESCRIBE how the incident occurred:					
5. IF YOUR BAGGAGE WAS DELAYED, WHERE AND AT WHAT TIME WAS IT RETURNED TO YOU?:					
6. What authority did you notify?: (please circle)	LOCAL POLICE	AIRLINE	SHIPPING COMPANY	HOLIDAY / TOUR REP	HOTEL MANAGEMENT
<i>IF YOU DID NOT NOTIFY AN AUTHORITY, PLEASE CONFIRM WHY</i>	OTHER (please detail):				
7. REF or FLIGHT NUMBER:		8. What day and what time did you notify them?			
9. What was the outcome?			10. Contact details for authority:		

YOU MUST SEND TO US THE **ORIGINAL** REPORT THAT YOU OBTAINED FROM THE AUTHORITY: FROM THE POLICE, THIS WILL BE A STATEMENT; FROM THE AIRLINE, THIS WILL BE A PROPERTY IRREGULARITY REPORT; FROM THE SHIPPING COMPANY, HOLIDAY/TOUR REPRESENTATIVE OR HOTEL MANAGEMENT, THIS WILL BE A SIGNED FORM, LETTER OR STATEMENT. **FAILURE TO PROVIDE THIS MAY AFFECT YOUR CLAIM.**

11. What safe keeping facilities were available at your accommodation and did you use them?
12. Describe the precautions you made to protect your possessions and the actions you took to try to recover them:
13. HAVE YOU MADE OR DO YOU INTEND TO MAKE A CLAIM AGAINST THE AIRLINE/CARRIER? If yes , please provide details of when and who you contacted.
14. ARE YOU MAKING A CLAIM FOR THIS LOSS WITH ANY OTHER INSURER? (i.e. TRAVEL INSURANCE, HOUSEHOLD INSURANCE etc)? Please give details along with the DATES OF THE CLAIM , NAMES OF THE INSURERS/ADJUSTERS and REFERENCE NUMBERS . Blanks or N/A will delay the processing of your claim. If no, please state NO.
15. PREVIOUS CLAIMS Please give details of ANY previous claim along with the DATES OF THE CLAIMS , NAMES OF THE INSURERS/ADJUSTERS and REFERENCE NUMBERS . Blanks or N/A will delay the processing of your claim. If none, please state NONE.
16. HOUSEHOLD CONTENTS / ALL RISK INSURANCE / ANY OTHER TRAVEL INSURANCE Please give names and contact details of these insurers, including policy numbers. You giving this information to us is in line with normal insurance procedure and will not prejudice any premium or no-claims bonus. Blanks or N/A will delay the processing of your claim.

17. YOUR CREDIT CARD AND/OR BANK ACCOUNT MAY HAVE TRAVEL INSURANCE INCLUDED	
Did you pay for this trip with a credit card? Y / N If yes , Card Number is:	<input type="text"/>
Issuing Bank:	Card type (platinum/Gold/standard etc):
Do you have payment protection or similar on this card? Y / N	Do you have a bank/building society current account(s)? Y / N
Name of bank/building society:	Account type (platinum etc):
Account Number: <input type="text"/>	Sort Code: <input type="text"/>

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This is side 2 of 2

In **BLOCK CAPITALS** and in **BLACK INK**, please itemise in the spaces provided all of the items that you wish to claim for. FOR CLAIMS FOR BAGGAGE DELAY, PLEASE DETAIL ALL EMERGENCY PURCHASES THAT YOU MADE, AND SUBMIT RECEIPTS. Continue on a separate sheet if necessary. If any sections are unclear, your claim may be delayed. Failure to provide proof of ownership may affect the outcome of your claim.

Any amount that may be payable will be the value at today's prices less a deduction for wear, tear and depreciation.

1.	Owner of Item:	Item Name:	Make/Model:	Original Amount Paid (in local currency):
	Method of Purchase (credit card, cash etc):	Original Proof of Purchase enclosed Y / N (if N, please state why)	Place of Purchase:	Date of Purchase:

2.	Owner of Item:	Item Name:	Make/Model:	Original Amount Paid (in local currency):
	Method of Purchase (credit card, cash etc):	Original Proof of Purchase enclosed Y / N (if N, please state why)	Place of Purchase:	Date of Purchase:

3.	Owner of Item:	Item Name:	Make/Model:	Original Amount Paid (in local currency):
	Method of Purchase (credit card, cash etc):	Original Proof of Purchase enclosed Y / N (if N, please state why)	Place of Purchase:	Date of Purchase:

4.	Owner of Item:	Item Name:	Make/Model:	Original Amount Paid (in local currency):
	Method of Purchase (credit card, cash etc):	Original Proof of Purchase enclosed Y / N (if N, please state why)	Place of Purchase:	Date of Purchase:

5.	Owner of Item:	Item Name:	Make/Model:	Original Amount Paid (in local currency):
	Method of Purchase (credit card, cash etc):	Original Proof of Purchase enclosed Y / N (if N, please state why)	Place of Purchase:	Date of Purchase:

FOR PERSONAL MONEY CLAIMS

Owner of Currency	Type & Amount	Rate of Exchange	Original receipt Enclosed Y/N - if 'N' please detail why	Where purchased?

DECLARATION. THIS MUST BE READ AND SIGNED BY THE PERSON MAKING THE CLAIM

I/We declare that the statements on this or any related form are true and correct to the best of my knowledge and belief and have not knowingly withheld any information connected with this claim. I/We agree to provide the Insurer with any further information as may be reasonably required and understand the Insurer does not admit liability by issue of this or any related form. I/We understand that the making of a fraudulent or knowingly exaggerated claim is a criminal offence, and that you investigate all cases through extensive fraud detection processes and any person suspected of fraud is reported to the police, with whom the Insurer always co-operates.

The Data Protection Act

The insurance industry operates a number of anti-fraud initiatives. I/We understand that the information given on this form may be stored electronically and may be shared with other organisations for this purpose. I/We understand that you may ask for information from other organisations to check the answers I/we have provided.

Subrogation

In the event of a third party being liable, all rights in this matter are subrogated to the travel insurance underwriters or their agents on all settlements of this claim.

SIGNED _____ DATED ____ / ____ / ____

PLEASE PRINT NAME: _____