



CLAIM FORM FOR LOSS OF PERSONAL EFFECTS, MONEY AND DOCUMENTS

SECTION 1 – POLICYHOLDER’S DETAILS

Mr / Mrs / Miss Forename: _____ Surname: _____

Address: _____

_____ Postcode: _____

Daytime telephone number: _____

Occupation: _____ Date of Birth: _____

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Policy Number: _____ Date Issued: _____

Insurance issued by: _____
(Agents name and address)

Date Holiday Booked: _____ Date of Departure: _____

Date of Return: _____

Insured Person’s Details:

Mr / Mrs / Miss Forename: _____ Surname: _____

Correspondence Address: _____

_____ Postcode: _____

Daytime telephone number: _____

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Please provide below a full description of the circumstances of your loss. You must explain what steps you took to safeguard your property and precisely how this came to be lost or stolen.

Date of Loss: _____

Description: _____

To whom was the loss or theft reported?

POLICE YES/NO Date reported _____ Officer Name/No & Station _____

AIRLINE YES/NO Date reported _____ Report No. _____

TOUR OPERATOR YES/NO Date reported _____ Representative's name _____

OTHER (Please specify) _____ Date reported _____

Do you have any insurance on your home and/or contents? YES/NO

If YES please provide Insurance Company details Name: _____

Address _____

Policy Number: _____

Were any of the items claim for purchased by Credit Card? YES/NO

If YES please provide Type of Card _____

Card Number: _____

Have you made any travel insurance claims within the last 3 years YES/NO

If YES please provide details:

Date of Loss	Reason for Claim	Insurance Company	Amount of Claim

If you incurred travel and/or accommodation expenses in replacing a lost/stolen passport please provide

Date expense incurred	Name and address of service provider	Amount of expense (please state clearly the currency)
Total:		

Details of property (a separate section is provided for cash losses) – continue on a separate sheet if necessary

Owner of item	Description of item	Date purchased	Place of purchase	Method of payment	Amount paid at time of purchase	Current value of property	Office use only
Total:							

The following should be completed where cash/travellers cheques have been lost/stolen:

Owner of cash/travellers cheques	Where obtained. If Bank/Bureau de Change please give address	Method of payment for Currency (cash/credit card)	Currency (Sterling/Dollars etc.)	Amount lost/stolen
Total:				

DECLARATION

I understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. I confirm that the information given on this form is, to the best of my knowledge and belief, true in every respect and that the amounts claimed have not been refunded to me or claimed from any other source.

Signed: _____

Date: _____

Please use additional paper if the space provided on this form is insufficient, please attach additional paper when submitting this form.

Number of additional pages attached: _____

Your Insurers' preferred method of settlement is by BACS transfer and if this is convenient to you please complete the following. Alternatively if preferred payment by cheque can be arranged.

Account name:

Account number:

Bank name:

Sort Code:

GUIDANCE NOTES

Please note that if you are unable to supply any of the evidence we request, you should include a separate covering note explaining this. This will enable us to deal with your claim promptly.

In all cases, original documentation must be provided. We are unable to accept photocopies.

It is important that you provide evidence to support ownership and value of items. We appreciate that this may not always be possible. In some instances you might be able to provide photographs of items claimed for. These may help with the assessment of your claim.