<b>Policy</b>	Number:
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# Personal Details of all people claiming

Title	Full Name	Date of Birth	Occupation	Usual Country of Domicile
		Co	ntact Details	
Claima	ant Address:			
		Postco	ode:	
Daytin	ne Telephone:			
Email	Address:			
Wherev	ver possible we will try and com	municate with you by Ema	il or telephone for a quicker se	rvice.
		<b>T</b>	and Datalla	
		Ira	vel Details	
Tra	vel Destination:	Country:		
		Resort:		
Dat	e of booking:			
Dep	parture date:			
Ret	urn date:			
Pur	pose of Trip:	Business	Pleasure Other	
If y	ou are on a multi destinat	ion trip please list all t	the countries visited?	

### **Dual Insurance Details**

Please confirm if you or anyone else claiming has any other insurance policy that may cover
this event. This may include cover provided by your household insurer, Credit Card Company,
bank account or travel booking agent.

Yes	No

If Yes please provide details of the other company including where relevant full contact details, policy number or bank account number.
Please note there is an agreement between most travel and household insures that if we seek a contribution of any outlay made by Accident & Health Claims Services LLP then your "No-Claims" status will not be impacted.
For Medical Related Claims:  I authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Accident & Health Claims Services Limited. I understand that in executing this authorisation, I waive the right for such information/records to be privileged. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.
Name
Signed
Relationship to claimant if applicable
Dated

### If your claim is agreed how would you like to be paid?

- Please note payment directly into your bank account will be quicker than sending a cheque.
- If the payee name differs from the Assured as stated on the Schedule of Insurance a mandate on the Assured's letter headed paper will be required before payment can be issued.
- For payments into non UK bank accounts we can only arrange payment into the final receiving bank and not through an intermediary.

Preferred Payment Method	Bank Details	
Cheque	Confirm Payee:	
BACS (UK Bank Accounts only)	Name of Account Holder: Account Number: Sort Code	
Wire Transfer (payments into Non UK bank Accounts)	Bank Swift Code: For payments to all countries. Bank IBAN: For payments to all European countries. Account Number: Name of Account Holder: Country of Bank:	

### **Declaration**

All Claimants over the age of 16 must sign below otherwise the claim form will need to be returned to you and this will result in a delay in handling your claim.

It is against the law to submit a fraudulent insurance claim which includes deliberately exaggerated claims. All types of fraud are taken seriously and if your claim if found to be in any way fraudulent then the claim will be declined and the Underwriters of the policy reserve the right to pursue a recovery by the use of civil action.

- I/We hereby declare that all information, documents and answers to questions given on this claim form are correct and true to the best of my/our knowledge. I/We have not omitted any information which would affect the Underwriters judgment of the claim.
- I confirm that where a claim or claims are made on behalf of others, I have the other claimant's full authority to act on their behalf and I confirm that I understand that neither Accident & Health Claims Services LLP nor the Underwriters of the Insurance will accept any responsibility if any payments are not distributed proportionately to the persons concerned.
- I/We understand that the information on this form will be passed to or used by Accident & Health Claims Services LLP for my insurance; this includes underwriting, processing, handling claims and preventing fraud. This could include passing details to agents or other Insurers.
- I/We subrogate all rights of recovery to Accident & Health Claims Services LLP and also consent to them seeking reimbursement of any claims expenses paid by them.
- I/We agree to Accident & Health Claims Services LLP to contact my household insurers or medical insurers or other travel insurers regarding a contribution.

I agree that I have read and fully understood the above declarations.

aimant Signature	Date Signed
	imant Signature

## Personal Property/Baggage and Money Claim Form

Please indicate your reason for claiming:-

Accidental Loss Loss of Money	Loss by an Airline or other carrier		Damage		Baggage Delay
Date of incident:	dd/mm/yy	Time	of incident or disco	overy:	HH:MM
Place of incident (co	untry and resort):				
Who was the matter	reported to:				
Authority	name and contact details		Date	Time	Reference number
	ils of the full circumstances of the full circumstances of to recover the property, if applications are supplied to recover the property.				

Date and time of yo	our arrival at your	destination:			
Date and time you	received your bagg	gage:			
	ompensation was p			Y/N	
Please confirm airli	ine and flight numb	per:			
Please list the deta	ails of the necessit	ies purchased (continu	e on a separate sheet if	necessary)	
Description of Item	Place of Purchase	Date of Purchase	Purchase cost	Method of payment	Initials of Owner

### For loss or theft of money only

For Delayed Baggage/Personal Property claims only

Please note that unless evidence is supplied which shows the rate of exchange obtained for any foreign currency, we will use the standard rate of exchange as used by our own bank on the date you originally made the transaction.

Currency lost or stolen	Date purchased or withdrawn	Sterling equivalent of lost amount	Initials of owner

#### For loss, stolen or damaged claims only.

Please provide full details of each item claimed for, providing as much detail as possible. For electrical items please provide the make and model number and return the instruction booklet and guarantee card if still valid. Original purchase receipts, bank or credit card statements must be provided otherwise any reimbursement will be based upon the value of the item at the time of the incident.

Description of Item	Date of Purchase	Place of Purchase	Method of Payment	Original Purchase Cost	Amount claimed	Initials of Owner

#### Documents required to support a Personal Property/Baggage and Money claim

You will need to send us the following original documents. Please keep copies for your own records.

- For items lost, stolen or damaged whilst in the care of an airline we require the original baggage tags, boarding card and Property Irregularity Report (PIR)
- **For items lost, stolen or damaged** whilst in the care of any authority other than an airline we shall require the original written report confirming the matter was reported to them.
- For all items lost, stolen or damaged, please provide the original purchase receipt or some other evidence to support the amount claimed such as bank or credit card statements. For all electrical items such as cameras, camcorders, telecommunication and audio equipment, game consoles and computers we shall also require the instruction booklet and if the item is still covered under the manufactures warranty then the guarantee card.
- For items lost or stolen, the original police report.
- For items damaged, please provide an estimate for repair or if the item is damaged beyond repair we shall
  require you to obtain, at your own expense, written confirmation of this from a relevant tradesman. Please
  also retain the damaged item until your claim is concluded as we may require this to be forwarded to our
  offices.
- **For jewellery claims,** we shall require the original purchase receipts where available or if the item has been valued for insurance purposes a copy of the valuation certificate should be sent. Photographs of the claimant wearing the jewellery may also be helpful in substantiating the claim.
- For baggage delay claims, we require the original baggage and rush tags, boarding card, Property Irregularity Report (PIR) and evidence of the date and time the baggage was delivered. Written confirmation from the airline as to whether compensation was paid to you by them and if so how much. We shall also require the original purchase receipts for the items purchased.
- Confirmation as to whether you hold an "All Risks" household insurance policy and if so the details of your insurer should be given in the dual insurance section of the claim form. If this question is not answered we will have to return the claim form to you which may lead to a delay in your claim.
   Note: This will not affect the renewal premium on your household insurance.
- Please note if your baggage is lost whilst in the custody of an airline we will not be able to conclude your claim until the airline deem your baggage as lost which in the cases of most major airlines is 21 days for the incident date.