

# Claim Form (B)

- 1. Rental Car Insurance Excess
- 2. Luggage, Travel Documents or Money
- 3. Delayed Luggage Allowance

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Essex, CM1 9AG  
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**Claim Form (A)** is for all other sections of the policy.

To ensure we can assess and finalise your claim as quickly as possible and to avoid unnecessary delays please follow these simple steps.

- Please submit your claim within 31 days of your return date.
- Fully complete the claim form in as much detail as possible.

- Make sure you use the checklists through out the claim form and supply us with the required original documents to substantiate your claim.
- Double check your claim before you send it to us and sign the declaration on page 1.
- Please keep a copy of your claim. For peace of mind you may wish to send your claim form to us by recorded delivery.

## COMPLETE THIS SECTION FOR ALL CLAIMS

### YOUR DETAILS

Please tick preferred option for correspondence

Email  Post

Title Given name/s

Family name

Occupation

Email address

Postal address

Suburb/City

Postcode Home phone

Mobile

Work phone

Policy number

Name of travel agency

A copy of your Certificate of Insurance must be attached  Attached

Date departed

Date returned

Have you ever made a Travel Insurance claim in the past?  Yes  No  
If yes, please give details (including name of insurer)

Certain credit cards may provide basic travel insurance cover which may also cover your loss. Do you have credit card/s?  Yes  No  
If yes, please state:

Provider

Type

Did you purchase your travel on the card/s?  Yes  No

### WARNING

To avoid passing the costs of dishonest and fraudulent claims on to you, our honest policyholder, we are strongly committed to investigating claims. We try to conduct/finalise investigations quickly and with minimal disruption. All cases of fraud will be reported to the Police and can result in imprisonment.

### SETTLEMENT OF YOUR CLAIM

If your claim is approved and cash settlement made we will deposit the amount payable directly to an account you nominate (we cannot deposit into a credit card account or a non UK bank account). Please provide account details below.

Sort Code

Account No.

### YOUR DECLARATION: IMPORTANT

I/We declare that all statements and particulars stated on this form and all documents submitted are true and correct. I/We have not withheld any material information connected with this claim that will inhibit the insurers ability to make a fair and reasonable assessment of my claim. I/We assign to insurers all rights of recovery/salvage against any person or organisation and will cooperate to secure such rights. I/We acknowledge that the underwriter or it's agents may give to and obtain from any other insurer or insurance reference bureau, information relating to this or any other insurance held by Me/Us, or any claim made by Me/Us and I also authorise any other insurer to provide information relating to this or any claim made by me.

Signature of Policyholder

Date

## FROM THIS POINT FORWARD – ONLY COMPLETE THE SECTION/S RELEVANT TO YOUR CLAIM

### 1. RENTAL CAR INSURANCE EXCESS

Please ensure that you attach the following documents:

- Original Rental Agreement showing the excess you were liable to pay
- Copy of the itemised repair invoice showing the cost of repairs to the vehicle
- If another party was at fault, written confirmation from them of the compensation payable by them

Attached

Date of incident

Time

Country

Location

Please advise how the accident/damage/theft occurred to your rental car?

Did the damage occur whilst driving on an unsealed surface?  Yes  No

Excess you were liable to pay

Repair costs

Amount you are claiming

## 2. LOSS, THEFT OR DAMAGE OF LUGGAGE, TRAVEL DOCUMENTS OR MONEY

Please ensure that you attach the following documents:

Attached

- Original (not photocopy) loss/theft/damage report e.g. Police report, hotel report, transport provider letter etc
- For items lost or stolen while in the custody of a transport provider: We require a letter from the transport provider advising the amount of compensation they are paying. *Travel insurance protects you against the amount the transport provider is unable to compensate you for, subject to your policy conditions and limits. You need to claim compensation from the transport provider in the first instance before submitting your claim to us*
- Electrical items e.g. cameras, computers, iPOD's, MP3 players, etc., we require the original receipts (not photocopy). If you no longer have the original receipt please obtain a duplicate from the place of purchase
- Other Items: Original (not photocopy) purchase receipts (or duplicates from the place of purchase) are best. Other documents you may submit for consideration are warranty cards, instruction manuals, credit card/bank statements, photographs or packaging
- Damaged Items: Obtain from a repairer (of your choice) a quote stating the repair cost or a letter stating that the item is damaged beyond economic repair
- Copies of receipts for replacement items if you have replaced the items which were lost, stolen or damaged

Date of incident	Time	Country	Location
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> AM/PM	<input type="text"/>	<input type="text"/>

Please advise how the loss/theft/damage occurred. If the incident occurred while the goods were with you, please detail where the goods were placed in relation to your person at the time. Please attach a letter if more space required.

Were the Police or a responsible authority notified?  Yes  No Report Reference Number

If No, please explain why this policy requirement was not met:

Do you have household contents insurance?  Yes  No

If yes, can you claim from them for this event?  Yes  No  
If yes, please include evidence of the amount received

Name of insurer

Full Description of each item Must include brand, model number etc	Original purchase price and currency	Month and year of purchase	Store name and suburb where purchased	Proof of ownership attached?	Have you replaced this item?
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Yes / No	Yes / No
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Yes / No	Yes / No
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Yes / No	Yes / No
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<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Yes / No	Yes / No
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Yes / No	Yes / No

Please attach a list if more space required

## 3. DELAYED LUGGAGE ALLOWANCE

Please ensure that you attach the following documents:

Attached

- Original (not photocopy) loss report from the transport provider with confirmation that all of your luggage was delayed, the length of time your total luggage was delayed and details of compensation paid by them
- Original (not photocopy), itemised receipts for essential, emergency purchases of clothing & toiletries (made whilst your luggage was delayed)

When did your flight arrive?

When did you receive your luggage back?

Date	Time
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> AM/PM

Date	Time
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> AM/PM

	Description of items purchased	Price and currency	Description of items purchased	Price and currency
For the traveller(s) affected:	1. <input type="text"/>	<input type="text"/>	4. <input type="text"/>	<input type="text"/>
How many bags did you check in? <input type="text"/>	2. <input type="text"/>	<input type="text"/>	5. <input type="text"/>	<input type="text"/>
How many of these bags were delayed? <input type="text"/>	3. <input type="text"/>	<input type="text"/>	6. <input type="text"/>	<input type="text"/>

Please attach a list if more space required