

PERSONAL PROPERTY / MONEY
& DOCUMENTS CLAIM FORM

Claim Reference No.: _____

Please complete this form and return it with all relevant documentation to the address given below

1. PERSONAL DETAILS

Date of Birth: _____

Occupation: _____

Tel.: _____

Good time to contact (at phone no. given below): _____

2. INSURANCE DETAILS

Policy name: _____

Date trip originally booked: _____

Travel dates: _____ From: _____ To: _____

Name of travel agent, if any: _____

Name of tour operator, if any: _____

Hotel accommodation details: _____

Resort: _____

Country: _____

3. PERSONAL PROPERTY, MONEY AND DOCUMENTS (Including baggage delay)

Date of loss/damage: _____

Place of loss/damage: _____

Full details/circumstances: _____

Was the loss/damage/delay reported to the police? Yes No

If No, please state reason: _____

Was the loss/damage/delay reported to the airline? Yes No

If No, please state reason _____

Was the loss/damage/delay reported to the tour operator? Yes No

Is your property also covered under a householder contents Insurance? Yes No

If Yes, please give details _____

Is your personal property covered under any other relevant policy? Yes No

Have you made an insurance claim for personal property or money in the past? Yes No

If Yes, please give details: _____

| Full details of items, lost/damaged | Date of purchase | Shop and town where purchased | Purchase price | Amount claimed | Evidence of value | For office use only |
|-------------------------------------|------------------|-------------------------------|----------------|----------------|-------------------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Please continue on a separate sheet if there is insufficient space. Please mark all documents with your claim reference.

State to whom settlement should be paid: _____

State preferred currency (if not Pounds Sterling): _____

THE FOLLOWING ORIGINAL DOCUMENTS MUST BE SENT WITH YOUR CLAIM FORM FOR CLAIM PROCESSING

- | Item | Enclosed |
|---|--|
| 1. Your original holiday/flight confirmation and/or receipt or deposit receipt | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Your certificate of insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Your travel tickets | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Police, airline or tour operator report | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Evidence of ownership such as original receipts, valuations, credit cards and receipts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Any other relevant documentation to support your claim | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DECLARATION

I declare that to the best of my knowledge all particulars contained in this form are true and correct.

Signed _____ Date _____

Claim settling agents:

SPECIALITY CLAIMS SERVICE
 Wickfield House, 18-22, Disney Place
 London SE 1, 1 HJ
 Tel.: +44 (020) 7939 9650
 Fax: +44 (020) 7407 920