

Notification Claim Form



Claim Notification Reference:

(For Office Use Only)

Your Details:

Name:

Type of Claim:

Date:

Address:

Contact Number:

Email Address:

Important information / What next?

1. Please complete the attached claim form
2. Any additional notes/comments please attach to the back of this form
3. Please list supporting documentation that will be attached to this claim form:
(Refer to the Claims Evidence document provided when you purchased your policy).

a)

b)

c)

d)

e)

f)

Notification Claim Form



4. Please post the completed claim form along with any attachments to:

ONE Claims Limited
P.O Box 372
Hoddesdon
EN11 1GB
United Kingdom

Policy Information:

Policy Number:

Purchased from:

Type of Policy:

Dates covered:

Additional Cover:

Medical Conditions:

Endorsements:

Claimant Details:

Full Name:	Date of Birth:	Job Title:	Nationality:	Place of Birth:

Notification Claim Form



Travel Details:

Date of booking the trip:

Departure Date:

Return Date:

Destination Country:

Purpose of trip:

What are you claiming for?:

Amount: **£**

Personal Effects, Money and Documentation Claim Form



Please TICK

Loss

Theft

Damage

Delay

Other

If other, please provide details

1. Date of loss/ theft or damage ___/___/___ Time: _____

2. Full Circumstances of the incident – Continue on separate paper if necessary

Was the loss/theft/damage reported to the courier?

Yes No Date ___/___/___ Time: _____ Reference: _____

Was the loss/theft/damage reported to the airline?

Yes No Date ___/___/___ Time: _____ Reference: _____

Was the loss or theft reported to the police?

Yes No Date ___/___/___ Time: _____ Reference: _____

Personal Effects, Money and Documentation Claim Form



If no report made/ obtained please state the reason why:

Please list below items claimed for loss/ theft or damage: (Continue on further sheet if required)

Description of item claimed	Shop Purchased	Date/ Year Purchased	Owner of Item	Price originally paid	Amount claimed	Office use Only

Total Claimed: **£** _____

Personal Effects, Money and Documentation Claim Form



Money – Please note unless evidence is supplied of the currency conversion used i.e.) bank statement, we will use websites to confirm the exchange rate conversion on the date of loss.

Amount claimed in sterling	Currency lost/ stolen	Date Purchased/ withdrawn	Owner of the money	Exchange Rate used/ evidence supplied

Loss of Documents / Passport

Description of Document lost/ stolen i.e.) Passport/ tickets	Date / year issued or purchased	Owner of item	Amount claimed

Please complete below for Delayed Baggage claims ONLY

1. Date and time of your arrival at your destination

2. Date and time your received your luggage

3. Length of time your luggage was delayed

4. Have you submitted a claim to a third party (i.e. Airline)? :

Yes No

Personal Effects, Money and Documentation Claim Form



If **YES**, please provide details:

Have you received any compensation?:

Yes No

If **YES**, please confirm the amount received:

£

Flight Number:

Flight Date:

__/__/__

Airline:

IMPORTANT: Please list all emergency items purchased and submit all ORIGINAL receipts

Essential Item purchased	Date Purchased	Receipt supplied (Please Tick)	Amount Claimed	Office use Only
		Yes <input type="radio"/> No <input type="radio"/>		
		Yes <input type="radio"/> No <input type="radio"/>		
		Yes <input type="radio"/> No <input type="radio"/>		
		Yes <input type="radio"/> No <input type="radio"/>		
		Yes <input type="radio"/> No <input type="radio"/>		
		Yes <input type="radio"/> No <input type="radio"/>		

Household Insurance – Insurance companies have an agreement that if you have two policies covering the same circumstances, each company will split the cost of the claim between them. It is a condition of your policy that you advise us if you have any other policies have potential cover elsewhere. It is unlikely that you will lose any ‘no claims bonus’ attached to your policy but if you have any concerns we suggest you contact the relevant insurer. Even if you do not own the house you are living in, you may still be covered under any household contents insurance policy and you must supply us with this information.

Personal Effects, Money and Documentation Claim Form



Please confirm the following:

Name address and policy number of household contents Insurers of the address where you reside:

Policy Number:

Insurers Name:

Insurers Address:

Do you hold any form of bank account/ credit card that offers you complimentary travel insurance that cover the circumstances surrounding your claim?

Yes No

If **YES**, please confirm the following:

Card number:

Issuing Bank:

Card Type (Gold, Platinum, Standard):

Has a claim to a third party been submitted?

Yes No

If **YES**, please provide details:

Is there any other relevant policy that may cover the circumstances surrounding your claim? Other policies, Barclaycard, Amex

Yes No

If **YES**, please provide details:

Personal Effects, Money and Documentation Claim Form



If the claim is in relation to injury please confirm the following:

1. An outline of the circumstances giving rise to the accident

2. If a third party was involved the name and address of the Third Party and their insurance details if known

3. In the event that you are pursuing a claim for damages against a Third Party please provide the name and address of any solicitor who may have been appointed and their reference number

4. If no Third Party was involved please clarify who or what was at fault and why

Personal Effects, Money and Documentation Claim Form



If your claim is agreed, please provide your banking details below for payment:

Confirm payee name:

Bank Name:

Bank Address:

Bank SWIFT Code:

Bank IBAN:

Account Number:

Account Holder:

Sort Code:

Type of Account (Current, Gold, Platinum etc):

DECLARATION

IMPORTANT- Failure to sign will result in your claim form being returned.

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not withheld any information within my/our knowledge connected with this claim. I/we agree to provide the insurer with any further information as may be reasonably required. I/we understand that the insurer does not admit liability by issue of this form. **WARNING – the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police with whom we always co-operate.**

DATA PROTECTION ACT

The insurance industry operates a number of anti-fraud initiatives. 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.

IMPORTANT

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.

Signature:

Date: ___/___/___