

CLAIM FORM FOR LOSS OF PERSONAL EFFECTS, MONEY AND DOCUMENTS

Please note that we have to ensure that our claim form covers all types of claim. If you do not consider a question to be relevant to your circumstances please enter N/A next to the question

It is important that you make sure you carefully read the declaration at the end of the claim form and ensure that it is signed before returning the form to us, failure to sign will result in your claim form being returned to you.

SECTION 1 – POLICYHOLDER’S DETAILS

Policy Number _____

Start Date _____ End date _____

Date insurance purchased _____

Mr / Mrs / Miss Forename _____ Surname _____

Address _____

_____ Post Code _____

Occupation _____ Date of Birth _____

Telephone Number _____ Email address _____

Date of Departure from Home _____ Anticipated/Scheduled Date of Return _____

Destination _____ Purpose of Trip _____

SECTION 2 – CLAIM DETAILS

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 _____ Time of loss _____

Where did the loss occur _____

Full description of how the loss occurred _____

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 _____

SECTION 3 - OTHER INSURANCE

Insurance companies have an agreement that if you hold two or more 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 or have potential cover elsewhere. It is unlikely that you will lose any no claims bonuses attached to your other policies but if you have any concerns we suggest you contact the relevant insurer.

Do you have any other travel insurance cover? (This could be provided free with a bank account for example)

If YES please provide:

Name & Address of Insurance Company _____

Policy Number _____ Policy Period _____

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

If YES please provide Insurance Company details:

Name & Address of Insurance Company _____

Policy Number _____ Policy Period _____

Is there any other relevant policy that may cover the loss i.e. credit card? YES/NO

If YES please details _____

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

If 'Yes' please provide details _____

SECTION 4 - PAYMENT DETAILS**Should a payment become due under your insurance policy, your Insurers' preferred method of settlement is by BACS transfer and if this is convenient to you please complete the following:-**Account name: Account number: Bank name: Sort Code: **Alternatively:**

Please advise to whom any settlement cheque due should be made payable _____

SECTION 5 – DETAILS OF THE ITEMS YOU WISH TO CLAIM FOR

MONEY

Please note that unless evidence is supplied of the currency conversation rate used at the time of purchasing we will use websites to confirm the relevant exchange rate at the date of loss.

Owner of Lost/Stolen money	Currency Lost/Stolen	Amount Lost/Stolen	Date obtained/withdrawn	Evidence of amount withdrawn/obtained (Tick if attached)	Evidence of exchange rate (Tick if attached)	Amount Claimed	OFFICE USE ONLY
					Total		

TRAVEL & OTHER DOCUMENTS

Owner of Item	Description of Item	Cost of replacing	Evidence of Replacement (tick if attached)	Date originally Purchased	Amount paid at purchase date	Amount Claimed	OFFICE USE ONLY
					Total		

ALL OTHER PROPERTY

Please clearly indicate the currency of amounts entered below and continue on a separate sheet if necessary

Owner of the Item	Where was the item originally purchased	Date of Original Purchase	Amount Paid at time of purchase	Evidence of Purchase Value (Tick if attached)	Replacement Value of Property	Evidence of Replacement Value (Tick if attached)	Amount Claimed	OFFICE USE ONLY
						Total		

Data Protection

Please note that your personal information may be used for the purposes of insurance administration and claims handling by us, XL Catlin, its associated companies, its co-insurers, the insured and its broker and other third parties advising us or otherwise relevant to the handling of your claim. Your personal information may be used by XL Catlin and its reinsurer(s) and reinsurance broker(s) for any reinsurance claim made by them, for renewal purposes and for their management reporting and for internal and external audit.

It may also be used for statistical purposes, for fraud and crime prevention and may be disclosed to Lloyd's or regulatory bodies in connection with compliance with any regulatory rules or codes.

Your personal information may be transferred to any country, including those outside the European Economic Area, for any of these purposes.

DECLARATION

I understand that the making a fraudulent claim or knowingly exaggerated claim or 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.

Signature _____

Date: _____

Name (Block Capitals) _____

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

Number of additional pages attached: _____

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.

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 and these may help with the assessment of your claim.

Your claim form and supporting documents can be scanned and returned to us by email to claims@rogerrich.co.uk or by post to the following address:

Roger Rich & Co
2a Marston House
Cromwell Park
Chipping Norton
Oxfordshire
OX7 5SR

Should you require any assistance in the completion of this form or any query regarding your claim please do not hesitate to contact us by telephone on 01608 641351.