

# **Insurance Administration Services Ltd**

I A S Admin Dept, Po Box 9, Mansfield, NG19 7BL telephone 0845 1300366 fax 01623 632861

email claims@ias-health.com

#### PERSONAL BAGGAGE CLAIM FORM

# IMPORTANT - PLEASE READ THE FOLLOWING CAREFULLY AND ENCLOSE THE DOCUMENTS REQUESTED WITH THIS FORM

Please ensure that you complete any blank sections on this form as failure to do so may delay the processing of your claim. When this form has been fully completed, signed and dated, it should be returned to the address shown above. In order to avoid any delay in payment of your claim you should ensure that the following documents are enclosed:-

- 1. Your original Travel Agents premium receipt and/or insurance certificate/policy document as confirmation that you purchased insurance.
- 2. Your Tour Operators holiday invoice and any other documentation requested in this form which relates to your claim.

The Insurance industry operates a number of anti-fraud initiatives which include TCEWS, operated by J S Management Ltd., and CUE, operated by Insurance Database Services Ltd. Details on these organisations can be provided on request.

Information given on this form may be stored electronically and shared with these organisations for this purpose. If you would prefer that the information given on this form is not used you should advise us.

#### THE DECLARATION ON THE REVERSE OF THIS PAGE MUST BE COMPLETED

#### YOUR TRAVEL CLAIM REFERENCE:

Always quote the above reference when contacting this office

#### PLEASE SECURELY ATTACH ALL SUPPORTING DOCUMENTATION TO THIS FORM

1. Insured ( Full Name )				Mr/Mrs/Miss/Mast/Other
Occupation ( of Insured )				
Full name of claimant ( if different from above )				4. Date of Birth
Address     (full including post code)				
6. Private Tel. No.			7. Business	Tel. No.
State the name of the person to whom payment should be made				
Name and Address of the Travel Agent/Tour Operator				
10. Is this an Annual Policy?	YES	NO	If YES please	state the policy No.
11. Date of Booking			12. Policy iss	sue date
13. Departure date			14. Return da	ate
15. Country of holiday or journey destination				

#### YOUR TRAVEL CLAIM REFERENCE:

Does your	claim fall under this s	ection? YES/NO If \		plete the se	ection below
Are you the sole owner of the money under claim? YES/NO     If NO please state the name of the owner(s)					
2. Amount Lost	Type of Currency	Amount Cla	med	Owne	er
	Personal Poss	essions - Theft, I	oss or Dama	ıge	
Does your o	claim fall under this se	ction? YES/NO If Y	ES please comp	lete the que	estions below
3. Date of the Lo	ss, Theft or Damage				
4. State whether	Lost, Stolen or Damaged				
5. State fully the	circumstances and the manner i	n which the Loss, Theft or Dam	age occurred (continue	on a separate sh	eet if necessary)
	Deteile of it	rome Leat Ctolor	or Domonod	•	
Purch	Details of it ase receipts or other evid	ems Lost, Stoler ence to substantiate the			nclosed
Description of articles	Name of owner	From whom obtained	Date aquired	Original purchase price	Amount claimed after deduction for age, use wear and tear

Where necessary please continue on page three

For OUTWARD LUGGAGE DELAY indicate items purchased, accompanied by receipts - ignore the last column

#### YOUR TRAVEL CLAIM REFERENCE:

### **Details of items Lost, Stolen or Damaged**

Original purchase receipts or other evidence to substantiate the amounts under claim must be enclosed

6. Description of articles	Name of owner	From whom obtained	Date aquired	Original purchase price	Amount claime after deduction for age, use wear and tear

Where necessary please continue on a separate sheet of paper

## **DOCUMENTATION REQUIRED** ( To be supplied at the claimants expense )

- 1. Original receipts or valuations of Lost, Stolen or Damaged item(s). Photocopies are unacceptable. If unavailable, documentation must be supplied to assist in proof of the value and ownership of the item(s) concerned.
- 2. If claim is for damage, you must provide a repair estimate or confirmation from the repairer that the item concerned is beyond repair. All salvage should be retained for inspection.
- 3. If the claim is for baggage Lost, Stolen or Damaged whilst in custody of an airline, please supply your baggage tags and flight tickets.
- 4. If claim is for Delayed, Lost, Stolen or Damaged baggage in transit, please forward the Property Irregularity Report with (in the case of delayed baggage) confirmation from the Tour Operators's representative of the time the luggage was delivered.
- 5. If the claim is for Lost or Stolen money you must enclose confirmation from a bank etc. of the issue of foreign currency. In the case of Sterling, documentary evidence of possession must be supplied.
- 6 Written reports from the Police or the Carrier

3. Date of Loss

5. Nature of Loss

0.	whiten reports from the Police of the Carrier.
	PREVIOUS LOSSES
1.	Have you previously sustained any loss of or damage to personal property or money?  YES/NO
2.	If YES, was a claim made under any insurance? If YES, please advise the Name and Address of the Insurers and their claim number

4. Amount paid

#### YOUR TRAVEL CLAIM REFERENCE:

Signature

	AUTHORITIES NOTIFIED
	Your policy requires you to notify the incident to the appropriate authority e.g. Police, Airline, Railway, Shipping Line etc. Confirmation of this must be enclosed.
	State to whom you reported the incident
	Name
	Address
	Date of notification
	What was the result?
	HOME CONTENTS, PERSONAL POSSESSIONS AND ALL RISKS INSURANCE
	Please provide the full name and branch address of your Home Contents/All Risks insurers and a photocopy of your up to date policy schedule. Where the insurance is incorporated as part of your mortgage, please supply the name and branch address of the bank/ building society concerned as well as the mortgage account number. Please ensure these details are supplied for each claimant.
1.	. Name of Insurer 2. Policy/Mortgage account no.
3.	. Address of Insurer
4.	. Postcode
5.	Are any items for which you are claiming specified on this policy? If YES please indicate which items.
6.	. Are you or will you be claiming under this or any other policy? if YES please provide further details.
	MISCELLANEOUS SECTION  Please add any additional information you may feel necessary
	TO AVOID PAYMENT OF YOUR CLAIM BEING DELAYED PLEASE ENSURE THAT ALL DOCUMENTS REQUESTED ARE ENCLOSED AND ALL QUESTIONS HAVE BEEN ANSWERED
	DECLARATION
	I declare that these particulars are true and correct to the best of my knowledge

Date