

Travel and Personal Underwriters Limited

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London EC3A 2AD

Telephone: (020) 7977 7905
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Office hours: Mon-Fri 9.30-5.00

IMPORTANT NOTES

We have pleasure in enclosing our standard claim form as per your request and would appreciate if you would read the following notes to assist this office in the processing of your claim.

It is essential that you read and understand the documents required in support of your claim. If you are unable to provide any of these documents then please make sure in your covering letter that an explanation is provided. If no such explanation is received then our adjusters will generate an automatic response requesting the documents to be forwarded.

It is essential that you enclose proof of your insurance when submitting your claim. This will depend on the type of policy purchased but will generally be representative of:-

Individual Certificate

Booking invoice showing insurance premium paid

Insurance Schedule

POSTAGE

There is a possibility that your claim form and supporting documents will exceed the cost of a first class stamp. In view of the volume of postage received daily in this office we have had to adopt a standard procedure where all underpaid postage is returned to the Post Office. Not only will this cause an approximate 3 week delay in receiving your original papers back, you will also run the risk of your documents possibly being lost within the Post Office System.

Please make sure you have paid the correct postage.

COPY YOUR DOCUMENTS

All claim documents must be submitted in their original form except annual policies and death certificates where a copy will be sufficient, but we would politely suggest that you take a photostat copy for your personal reference where, in the unlikely event that your original documents are not received, you have documents in your possession to refer back to.



Your Rights – Access to Medical Reports Act 1988

When you sign the Declaration and Consent, you consent to our obtaining a medical report if required. You should read this section carefully as it sets out your rights under the Access to Medical Reports Act 1988 and explains the procedure for dealing with medical reports.

You do not have to give your consent, but in that case we may not be able to proceed with your claim and you may have to settle your medical expenses yourself, or receive no cancellation refund.

If you consent, we can apply to your doctor(s) for a medical report, if that becomes necessary for us to proceed with your claim. However, you have a right to see the report before it is sent to us. If you want to see it then please make this clear on the Consent form and we will notify the doctor accordingly. The doctor cannot then send the report to us until either (a) you have seen it and then notified the doctor that you consent to it being sent to us, or (b) 21 days (from and including the date we applied to the doctor for the report) have passed without the doctor having received any further communication from you about arrangements. Of course, if you do wish to see a copy of the report, this will delay the process.

Before you consent to it being supplied to us, you can write to your doctor asking him/her to amend any part of the report you consider to be incorrect or misleading. If your doctor does not agree with your amendments you can, in writing, require him/her to attach a statement of your views about any unagreed part of the report.

Your doctor is not obliged to let you see any part of a report if (a) in his/her opinion, it would be likely to cause serious harm to your physical or mental health, or that of others, or (b) it would indicate the doctor's intentions in respect of you, or (c) disclosure would be likely to reveal information about, or the identify of, another person who has supplied information about you, unless that person has consented or the information relates to, or has been supplied by, a health professional involved in caring for you. In such cases, the doctor must notify you accordingly and you will be able to see only the remainder of the report. If it is the whole of the report which is affected, your doctor must not send it to us unless you give your consent.

On your request your doctor must let you see a copy of any medical report about you which he/she has supplied to us during the six months before the date of your request.

Your doctor can charge you a reasonable fee to cover the cost of supplying it. This fee is not refundable by the insurance company.



IT IS ESSENTIAL THAT ALL QUESTIONS ARE ANSWERED AND ALL REQUIRED DOCUMENTS ARE ENCLOSED TO ENABLE US TO DEAL WITH YOUR CLAIM

FAILURE TO DO SO WILL DELAY SETTLEMENT AND MAY PREJUDICE YOUR CLAIM THEREFORE PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS BELOW AND THE RELEVANT SECTIONS OVERLEAF BEFORE SIGNING THIS PAGE.

THE ISSUE OF THIS CLAIM FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY

TRAVEL INSURANCE CLAIM FORM

PAGE 1 (to be FULLY completed by claimant)

Leave shaded boxes blank

BLOCK CAPITALS PLEASE

SURNAME	INITIAL(S)	TITLE (MR/MRS.etc)	AGE	DATE OF BIRTH
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
*ADDRESS <input style="width:95%;" type="text"/>				
POSTCODE <input style="width:95%;" type="text"/>				
OCCUPATION <input style="width:95%;" type="text"/> *TEL NO <input style="width:95%;" type="text"/> AREA CODE <input style="width:95%;" type="text"/>				
NAME AND ADDRESS OF PERSON HANDLING CLAIM (IF DIFFERENT FROM ABOVE) <input style="width:95%;" type="text"/>				
TOUR OPERATOR <input style="width:95%;" type="text"/> <input style="width:10%; background-color: #cccccc;" type="text"/> INSURANCE BROKER/ TRAVEL AGENT <input style="width:95%;" type="text"/>				
COUNTRY VISITED <input style="width:95%;" type="text"/>		RESORT <input style="width:95%;" type="text"/>		NATIONAL INSURANCE NUMBER <input style="width:95%;" type="text"/>
DATE HOLIDAY BOOKED <input style="width:95%;" type="text"/>	DATE INSURANCE PURCHASED <input style="width:95%;" type="text"/>	PASSPORT NUMBER <input style="width:95%;" type="text"/>		
DUE DEPARTURE DATE <input style="width:95%;" type="text"/>	DUE RETURN DATE <input style="width:95%;" type="text"/>	ACTUAL RETURN DATE <input style="width:95%;" type="text"/>		
NO. OF NIGHTS <input style="width:95%;" type="text"/>	DATE OF INCIDENT <input style="width:95%;" type="text"/>	INSURANCE CERT NOS. <input style="width:95%;" type="text"/>	TPU/ <input style="width:95%;" type="text"/>	
*If an interview is necessary, please advise the address and telephone number on which we may contact you if different from that shown above				

Are there any other insurances in force (e.g. HOUSEHOLD CONTENTS, ALL RISKS, PRIVATE MEDICAL, OTHER TRAVEL)? YES/NO

If YES, give details

Have you ever had any previous insurance losses? YES/NO

Give details of any previous claims including name and address of insurers and approximate dates

Complete this page fully and the other page(s) relevant to your claim. You should then check the information supplied carefully before signing the declaration.

Tick (✓) Which other page(s) has/have been completed.

PAGE 2 Loss of deposit, cancellation, curtailment PAGE 5 Medical expenses, repatriation

PAGE 3/4 Baggage, personal effects, money, delayed baggage PAGE 6 Travel delay, personal liability

DECLARATION TO BE SIGNED BY ALL CLAIMANTS IF MORE THAN ONE

I confirm that I have taken out an Insurance with Travel and Personal Underwriters Ltd. I declare that to the best of my knowledge and belief all information provided on this claim form and/or any attached documentation is correct.

I understand that some of the information I have provided will be made available to other Insurers for claims handling purposes. I consent to the seeking of information from other Insurers to check the answers I have provided, and I authorise the giving of such information. I recognise the Company's right of subrogation in relation to any potential recovery.

Signature Date

THE MAKING OF A FRAUDULENT CLAIM IS A CRIMINAL OFFENCE Please also complete the details overleaf

"The insurance industry operates a number of anti-fraud initiatives. These include TCEWS operated by Euclidian Risk Management and CUE operated by Insurance Data Base Services Ltd (details of these organisations can be provided on request). The 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 here is not used in that way you should tick this box.

OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE										
EST	TYPE	DIARY	PAYEE	PAID		CHEQUE	DRAFT	AUTH	DATE	CHEQUE ISSUED
TOTAL PAID										

XS	X	=		
----	---	---	--	--

Settled by <input style="width:95%;" type="text"/>	Date <input style="width:95%;" type="text"/>
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PAGE 2 – LOSS OF DEPOSIT, CANCELLATION AND CURTAILMENT

A TO BE COMPLETED BY THE CLAIMANT

BLOCK CAPITALS PLEASE

Indicate what type of claim being made LOSS OF DEPOSIT/ CANCELLATION/ CURTAILMENT (delete as necessary)	
Name of person causing cancellation/curtailment _____	Age _____
Relationship to person(s) claiming _____	
Reason for cancellation/curtailment i.e. Death or nature of illness, injury, or other causes _____	
Date of death, accident, onset of illness, or other cause necessitating cancellation/curtailment _____	
Date of holiday cancelled (a) by phone _____	(b) in writing _____ If curtailed, date returned to UK _____
Names of all persons who are claiming/curtailing	
1 _____ Age _____	3 _____ Age _____
2 _____ Age _____	4 _____ Age _____
	5 _____ Age _____
Details of amounts claimed:	
Total deposits paid (excluding insurance premiums) £ _____	Date deposit paid _____
Total balance paid (excluding insurance premiums) £ _____	Date balance paid _____
TOTAL £ _____	(excluding insurance premiums)
CANCELLATION CLAIMS ONLY	
Total amount claimed (tour operators cancellation charges) £ _____	Does this represent deposit only? YES/NO
Total amount REFUNDED BY TOUR OPERATOR/airline etc. £ _____	Does this represent the full cost of the holiday? YES/NO

IMPORTANT NOTES	
1. For cancellation due to illness or injury, the medical certificate below must be completed at the Insured's expense by the usual doctor of the person whose condition made cancellation necessary. If due to death please also forward copy death certificate.	
May we contact the doctor direct if any point needs clarifying	YES/NO _____ Signature of Patient/Next of Kin _____
2. If Cancellation is due to Redundancy it is essential that you send a letter from the employer confirming Redundancy qualifies for statutory payment under the Employment Protection Act.	
3. Curtailment Claims Only: If curtailment is due to illness or accident a letter is required from the doctor consulted in the resort confirming that it was medically necessary to return home early.	

OTHER DOCUMENTS REQUIRED (N.B. PHOTOCOPIES OF DOCUMENTS ARE NOT ACCEPTABLE)	
1. Proof of insurance. The original insurance certificate and the invoice showing the premium paid.	
2. Tour operator's original invoice	
3. Tour operator's cancellation invoice showing the amount levied by the Tour operator required for cancellation claims only. Please note the Travel Agent's cancellation account is not sufficient.	
4. Any flight tickets, ferry tickets etc.	

B TO BE COMPLETED BY YOUR USUAL DOCTOR(Hospital certificates will not be accepted)

BLOCK CAPITALS PLEASE

MEDICAL CERTIFICATE- THIS CERTIFICATE TO BE FURNISHED AT THE CLAIMANT'S EXPENSE	
To be completed by the normal attending GP of the person whose condition gives rise to the claim.	
Date A (Date of purchase of insurance): _____	Date B (Date of travel): _____
Name of patient: _____	Age: _____ Date of birth: _____
Precise nature of illness/ injury/ cause of death	
a) Date of onset of illness _____	a) Date referred to consultant _____
b) Date of injury _____	b) Date admitted to hospital _____
c) Date first consulted _____	c) Date waitlisted for operation _____
Please give details of any previous medical history or this or any related conditions including dates of consultations and details of treatment given:	
Please give details of any medication that the patient is on:	
a) If pregnancy what e.d.d. _____	Why pregnancy necessitates cancellation of holiday
b) Date pregnancy confirmed _____	
a) When was cancellation first considered necessary due to this condition? _____	d) On Date A were you aware of any condition that could reasonably be expected to cause cancellation or curtailment of this holiday? e) If so, were the insured person/s aware of the possibility?
b) Was the booking against medical advice?	
c) Do you certify that solely due to the condition described above that the claimants are compelled to cancel the holiday?	
Is the patient suffering from any chronic and/or recurring illness of a serious nature? If so, please give details	Does the patient have a terminal prognosis? If so please advise the date on which this was ascertained:
Has the patient suffered from any previously diagnosed psychiatric condition? If so please give details:	Has patient been advised? If so please give date:
General remarks. (Please comment on the reason for not travelling if applicable)	Where possible, please indicate the date on which the patient might be fit to travel
I have examined the patient and/or referred to his/her medical records and I declare that the information given is correct and that no details relevant to the case have been omitted.	
Name _____	Signed _____
Surgery Stamp _____	Qualifications _____
_____	Date _____

PAGE 3 – BAGGAGE, PERSONAL EFFECTS AND MONEY

DETAILS OF CIRCUMSTANCES

Indicate whether items LOST/DAMAGED/STOLEN (delete as necessary)

DATE OF LOSS/DAMAGE/THEFT _____

Describe FULLY how the loss/damage/theft occurred (if applicable, further information and a diagram may be provided on an additional piece of paper)

Property last seen or known to be undamaged _____ Property discovered missing or damaged _____

Exact Place _____ Exact Place _____

Date _____ Time a.m./p.m. _____ Date _____ Time a.m./p.m. _____

Was the property: HAND LUGGAGE/ OTHER LUGGAGE/ ON YOUR PERSON (delete as necessary)

Who exactly was responsible for the property at the time:

Name _____

Address _____

If property was unattended explain why and for how long _____

If theft from car, was it OWN VEHICLE/HIRE VEHICLE/FRIEND OR ACQUAINTANCE'S VEHICLE _____

Make _____ Model _____ (Saloon, Estate, Hatchback) Registration No. _____

Exactly where in the car had the item(s) been left? _____

Please indicate name/address of owner _____

Name and address of Insurers _____

Policy No. _____ Policy cover COMP/TPFT/ TP ONLY (delete as necessary)

DETAILS OF HOUSEHOLD CONTENTS OR ALL RISK POLICY (THIS SECTION MUST BE COMPLETED IN FULL)

Please provide the full name and branch address of your household contents/all risk 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.

Name _____ Policy/Mortgage Account Number _____

Address _____

Are any items for which you are claiming specified on this policy? If Yes please indicate which terms _____ YES/NO

Are you or will you be claiming under this or any other insurance? If YES please provide further details _____ YES/NO

DETAILS OF REPORTING

LOSS IN TRANSIT

Did loss or damage occur in the custody of:

AIRLINE COACH CO. ANY OTHER

If YES- NAME AND ADDRESS OF COMPANY

Flight No: _____ Date _____

From (Airport) _____

To (Airport) _____

Was a 'Property Irregularity Report' completed? _____ YES/NO

Date reported to Carrier _____

Carrier's Reference _____

LOSS WHILST AT RESORT

Have you reported the loss to:

Courier YES/NO

Hotel manager YES/NO

Police YES/NO

(please supply name and address of police station concerned)

If loss from Hotel/Apartment/Villa room- Was the door locked YES/NO

Where was the key? _____

Who else had keys? (Manager, cleaners etc.) _____

How was entry made? _____

Was there a safety deposit, safe facilities, or security available? YES/NO

ACTION TAKEN TO RECOVER LOST PROPERTY

Please state fully action taken to recover lost property _____

To whom was loss notified _____

Was a written report obtained Yes/No? _____

Have you contacted them since to check if property found? YES/NO. If so, when? _____

Owner of Property (Item by Item)	Description of property Lost, Destroyed, Damaged, or Stolen	Date of Purchase	Place of Purchase	Original Price Paid	Net Amount Claimed	Delayed Baggage	Office Use Only

(Attach separate list if necessary) **ALL COLUMNS MUST BE COMPLETED** Total £ _____**DETAILS OF LOSS OF MONEY**

Owner of Cash	Where obtained	Date obtained	Amount of lost/stolen sterling/foreign currency	Exchange rate	TOTAL AMOUNT CLAIMED (£)

If the claim includes Travellers' Cheques, has your Bank or Issuing Office been informed of the loss? YES/NO TOTAL £ _____

Please advise amounts of both Sterling and foreign currency, and Travellers Cheques taken on holiday with you:

DELAYED BAGGAGE

NAME AND ADDRESS OF AIRLINE (CARRIER) _____

DATE AND TIME OF YOUR ARRIVAL AT DESTINATION AIRPORT _____

DATE _____ TIME _____ am/pm NAME OF AIRPORT _____

HOW MANY CASES WERE TAKEN ON HOLIDAY WITH YOU _____

HOW MANY CASES FAILED TO ARRIVE _____

WHEN WERE YOU NOTIFIED THAT CASE(S) HAD BEEN RECOVERED? _____

DATE _____ TIME _____

WHEN DID YOU COLLECT CASES? DATE _____ TIME _____

FOR HOW LONG WERE YOU WITHOUT YOUR CASES? DAYS _____ HOURS _____

DID YOU MAKE ANY EMERGENCY PURCHASES YES/NO

If yes, all receipts must be attached.

Please number all receipts and list purchases in columns above.

DOCUMENTATION REQUIRED (N.B. PHOTOCOPIES OF DOCUMENTS ARE NOT ACCEPTABLE)

- (1) Proof of Insurance. The original certificate of insurance and the tour operator's original invoice showing the insurance premium paid.
- (2) Original receipts, original valuations, guarantee cards, instruction booklets, or any other evidence of ownership and value.
- (3) For damaged items, a repairer's estimate, or report confirming total loss. Items should be retained for inspection if required.
- (4) For cash losses, evidence of ownership (i.e. bank/building society withdrawal slips, foreign currency conversion slips, wages slips etc.).
- (5) Police, courier or other relevant reports.
- (6) For Airline losses or delayed baggage, the flight tickets property irregularity report issued and baggage tags and receipts for emergency purchases.

DECLARATION (To be signed by all claimants if more than one):

I HEREBY DECLARE that the property claimed for has been lost, stolen, destroyed, damaged, or delayed, and that all statements on this form are, to the best of my knowledge and belief, correct. I agree to notify the company immediately in the event of any property being recovered and to repay the company any payments made in respect of this property.

Date _____ Signature _____

