

Baggage and Personal Effects Claim Form

**Please return this claim form together with all supporting documentation to
 Fly-sure Claims Dept, Birchin Court, 3rd Floor, 20 Birchin Lane, London EC3V 9DU Telephone 020 7739 3444**

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Name		Certificate Number	
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Further to your request for a Claim Form, please complete it fully and return to us.

PLEASE ENSURE YOU SIGN AND DATE THE FORM ON PAGE 4. ON QUESTIONS WHICH REQUIRE A YES/NO RESPONSE, PLEASE CIRCLE THE APPROPRIATE ANSWER. FAILURE TO DO SO COULD DELAY YOUR CLAIM.

Please check that we have correctly stated your name, initial(s), address and post code and amend if necessary.

The section below details the documents which we need to deal with your claim and some notes which we would ask you to read carefully when completing the form. Thank you.

VERY IMPORTANT:

Please ensure you enclose the following **ORIGINAL** (not photocopied) documents (if not already sent).

- a) Proof of Insurance, such as your numbered policy schedule (and endorsements if your policy was endorsed) – photocopies are acceptable for annual policies.
- b) For damaged items, including suitcases, please obtain a repairers estimate or confirmation of damage repair.
- c) Evidence of trip, such as the holiday booking invoice or original travel tickets
- d) Receipts or other evidence of value for the items on the claim form. Estimate for replacement are not acceptable, however, we will accept a suppliers certified copy of an original receipt.
- e) The Police, airline or other relevant reports.
- f) Currency transaction slips or bank statements for money losses.
- g) Flight tickets and baggage tags, if applicable.

Attached (Please Tick)	
Yes	No

CLAIM FORM NOTES

1. Loss or damage caused by a carrier (i.e. airline, coach operator, ferry company, etc) should have been reported to them and a Property Irregularity Report (PIR) obtained. If you have not reported such loss or damage, please do so immediately or at the latest within seven days of the incident. Please enclose the **ORIGINAL** report together with the ticket(s) and baggage tag(s).
2. Losses or thefts should have been reported to the police within 24 hours. Please enclose their **ORIGINAL** report.
3. The information requested about other insurance policies you may hold is quite routine and will help us to process the claim for you. If you are a single person living with your parents, please give details of their insurers. We would ask you to check for any insurance which may be in force on any of the items for which you are claiming, including sports equipment and valuables.

E-MAIL AND TELECLAIMS

If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to e-mail you or telephone you during the course of our normal working hours to discuss your claim and/or request further details. Please confirm your e-mail address and/or advise us of any relevant numbers on which you can be reached in the spaces below.

e-mail		Telephone No.	
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BLOCK CAPITALS MUST BE USED PLEASE

Claimant's title: MR/MRS/MISS/MS		Please Confirm your Certificate Number:		
Forenames				
Surname				
Address		Date of policy issue (this is important):		
Postcode		DAY:	MONTH:	YEAR:
Telephone No. Daytime:		The period of your trip		
Evening		From	To	
Mobile		Total no. of days		
Email		No. of people covered by this policy		
Occupation:		The tour operator from whose brochure you booked (if relevant).		
Date of Birth				
The destination and country of this trip:		The day on which your holiday/trip was first booked:		
		DAY:	MONTH:	YEAR:

Please advise the exact circumstances of how the loss, theft or damage occurred: (continue on page 5 if necessary):		
DATE	TIME	PLACE
Circumstances of how the loss, theft or damage occurred		

To who was the incident reported? Please submit report or give reason why not reported:			Have you received any payment from your resort representative, airline or other source?	
Date	Time	Detail	YES / NO	
			If yes, full details of payer:	
			Amount £	

BAGGAGE DELAY CLAIMS ONLY		
Please confirm the approximate length of time you were without your baggage.		
	Date	Time
Date / Time discovered missing		
Date / Time recovered		

Failure to provide this information could delay your claim			
Have you ever made any previous personal property, money losses, theft or damage claims on a household or travel policy?		YES / NO	
Date	Incident Circumstances	Insurer	Reference

Failure to answer these questions could delay your claim

Certain household contents/all risks policies provide travel cover. Do you have a household contents/all risks insurance policy or if you are living with your parents, do they have a policy?			
YES / NO			
If yes, please supply the name and address of the insurance company and policy number			
Name		Policy Number	
Address			
Do you have a bank account?			
A bank account you hold may offer travel insurance cover as part of the benefits. Under no circumstances will your bank information be used other than to obtain a contribution from the travel insurance provider. This will not affect your bank account in any way. If yes, please provide the following details			
YES / NO			
Bank Account Name		Account Type	
		(e.g. Premier)	
Account Number		Sort Code	
Was a credit card used to pay all or part of the trip cost (certain credit cards may provide an element of travel cover)?			
YES / NO			
If yes, please supply the following details:			
Type of card		Name of card issuer	
(e.g. Switch, Maestro, MasterCard, Visa etc)		(e.g. HSBC, Barclaycard etc)	
Cardholders name		Card No	

Please provide the exact circumstances of how the loss or damage occurred: (continued from page 2 if necessary).

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IMPORTANT NOTICE

In the event of this claim being successful and payment authorised in your favour, the amount being claimed can be paid directly into your bank account using Bank Automated Clearing Services (BACS).
In order to do this the Company will need your bank account details. Please complete the information below

Name of Bank	
Full branch Address	
Sort Code	
Bank Account No	
Account Name	

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE DECLARATION

Prior to returning the claim form please study the policy wording and read the terms and conditions as they relate to your claim. Please note neither we nor the insurer and their agents are responsible for the cost of obtaining documentation in support of the claim.

WARNING

The making of a fraudulent or knowingly exaggerated claim is a criminal offence and could render the offender liable to prosecution.

The information this form will be used by the insurer and their agents to deal with any claim. The insurer and their agents may also pass this and any other information to other insurers and organisations involved in dealing with any claim. The insurer and their agents may also share information to prevent fraud.

PROTECTION OF YOUR PERSONAL DATA

The security of your personal information is very important to us and we are compliant with all current data protection legislation. All personal information that you supply to us either in respect of yourself or other individuals in connection with this claim will be treated in confidence by the insurer and their agents and will be held by us for the purpose of providing and administering your claim. This may involve the collection and processing of sensitive data (as defined in the Data Protection Act 1998) and if you complete an application form for our products and/or services you will be giving your consent to such information being processed by the insurer and their agents. It may be necessary to pass your personal and sensitive data to other companies for processing on behalf of the insurer and their agents. Some of these companies may be based outside Europe in countries which may not have the laws to protect your personal data, but in all cases the insurer and their agents will ensure that it is kept securely and only used for the purpose for which it was provided.

INACCURATE DATA

If you believe that we are holding inaccurate information about you, please contact the team responsible for administering your claim and they will be happy to correct any errors.

DECLARATION: PLEASE CIRCLE "YES" TO CONFIRM YOU HAVE READ AND UNDERSTOOD EACH LINE

I/We declare that the information contained within this claim form is true and correct to the best of my/our knowledge & belief	YES / NO
I/We have not withheld any information or documentation from insurers within my/our knowledge connected with this claim	YES / NO
I/We agree to provide further information or documentation as may be reasonably required	YES / NO
I/We assign to insurers all rights of recovery/salvage against any person or organisation and will do whatever else is necessary to secure such rights	YES / NO

SIGNATURE OF CLAIMANT		DATE	
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