



SINGLE/MULTITRIP TRAVEL

Personal Effects / Money Claim Form

Once completed, please return your claim form to:

ONE Claims Ltd
The Old Building
Bishops College
Churchgate
Cheshunt
Herts
EN8 9XH

Thank you for notifying us of your claim.

Please complete this claim form and return it to ONE Claims Ltd as soon as possible.

Please write clearly and in BLOCK CAPITALS.

Please provide full supporting documentation to avoid delays in processing your claim.

Claimant Details (The Insured/Claimant(s)):

Title	Full Name(s)	Date of Birth	Occupation

Claimant address: _____

Postcode: _____ Email: _____

Telephone: _____ Fax: _____

Usual country of domicile: _____

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CLAIMS

Certificate Number (Including Prefix): _____

Insurance Broker Name: _____

Address: _____

.....

Travel Destination: _____ Country: _____

Resort: _____

Hotel: _____

.....

Departure Date: ____/____/____

Return Date: ____/____/____

.....

Purpose of trip: - (Delete as applicable)

Business / Pleasure

If Business: - (Delete as applicable)

Clerical / Manual

If Manual please provide details of nature of work: _____

.....

If your Claim is agreed, how would you like to be paid?

.....

Please tick box to choose preferred method of payment:

Cheque: Confirm Payee name: _____**Or direct to your bank account** **(UK bank accounts only)**

Bank Name: _____ Branch: _____

Bank Sort Code: _____ Account No: _____

Account Holder: _____

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DOCUMENTS REQUIRED TO SUPPORT CLAIMS

IMPORTANT: ORIGINAL DOCUMENTS ARE REQUIRED.

WE CANNOT ACCEPT PHOTOCOPIES OR FAXED DOCUMENTS

Please Provide

1. Police Report.
2. Representative's Report. (If applicable)
3. In respect of money claims, currency conversion slips/copy of bank/building society statements or a letter from your bank confirming withdrawal of funds prior to your trip.
4. Property Irregularity Report, tickets and baggage tags.
5. If claiming for damaged items, estimate of repair.
6. Insurers require claims to be supported by evidence of ownership and original purchase price. Please forward original purchase receipts, guarantee cards, instruction manuals, credit card slips/statements or original insurance valuations to confirm ownership of the items being claimed. Replacement estimate/receipts do not prove ownership and are therefore not acceptable.

PERSONAL EFFECTS/MONEY

Date of loss/damage: ___ / ___ / ___ Time: ___:___ am/pm Place: _____

Full details of circumstances: _____

Was the loss/damage reported to the courier? YES/NO

Was the loss/damage reported to the airline? YES/NO

Was the loss/damage reported to the police? YES/NO

If NO, please state reason why? _____

Please state the total value of all baggage and personal effects carried on your trip _____

Are the items solely your property? YES/NO

If NO, please specify: _____



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HOUSEHOLD INSURERS

Insurers contribute to the settlement of each other's claims. This shares costs and helps to keep premiums down. Please give full details of your household contents policy.

Name, address and Policy Number of household contents Insurers of the address where you reside.

Policy Number: _____ Insurers Name: _____

Insurers Address: _____

Is there any other relevant policy that may cover your belongings? e.g. Barclaycard, Amex, Jewellery Insurance.

YES/NO If YES, please give details: _____

Have you ever made an insurance claim for personal property or money? YES/NO

If YES, please give precise details: _____

Has a claim been submitted to any other insurer and/or authority in respect of this loss?

YES/NO If YES, please give details: _____

DECLARATION - This must be signed.

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.

Signature(s) _____ Date ____ / ____ / ____

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Part of the ONE Group



Full description of the articles lost or damaged and the extent of damage where applicable	Shop/Store and location where purchased	Date/Year of Purchase	Evidence of value (Tick where applicable)	Initial of owner	Original Price Paid	Amount claimed	OFFICE USE ONLY
Total							