

**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**





**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, AXA XL, 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 AXA XL 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 [Starpeak.Claims@csal.co.uk](mailto:Starpeak.Claims@csal.co.uk) or by post to the following address:

CSA Ltd/Gallagher Bassett  
48 Felaw Street  
Ipswich  
Suffolk  
IP2 8PN

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 +44 (0)1702 427190.