

BAGGAGE & MONEY CLAIM FORM

Claim Number: _____



308-314 London Road, Hadleigh, Benfleet, Essex, SS7 2DD
T 0845 643 6047 E claims@hiscoxtravelinsurance.co.uk
www.hiscox.co.uk/travel

Date: _____

Please use the above address for ALL correspondence & quote the above Claim Number in ALL subsequent communication.
When the Claim Form is received we aim to process it in five working days.

This claim form is being provided to you as requested in order that you can make a claim for Baggage & Money under the terms and conditions of your travel insurance policy.

Below is a Document Check List – please ensure you provide the correct documentation when submitting your claim as failure to do so may cause delays. We suggest you keep a copy of this claim form and other documents for your own records.

IMPORTANT DOCUMENT CHECK LIST	✓ PLEASE TICK			
	Enclosed	Previously Sent	Not Available	Not Applicable
Have you enclosed or previously provided the following ORIGINAL (not photocopy) documents?				
CERTIFICATE OF INSURANCE (or other proof of payment of insurance premium i.e. the Tour Operators booking invoice)				
HOLIDAY BOOKING INVOICE as issued by the booking Agent & Tour Operator (if applicable)				
AIRLINE or OTHER TICKETS and BAGGAGE CHECK TAGS				
EVIDENCE TO SUPPORT OWNERSHIP OF PERSONAL ITEMS this should include receipts for the items but if these are not available then; <ul style="list-style-type: none">• A certified copy of an original receipt from the supplier• If the item was a gift, a letter from the donor confirming the purchase details• Bank or Credit Card statements relating to the purchase• Instruction booklets or guarantee certificates• Photographs that may show items such as jewellery <i>Please note that Estimates for replacement are regrettably not acceptable</i>				
EVIDENCE TO SUPPORT DAMAGE – please obtain a repairers' report of total loss or damage and current price. <i>Please note that <u>ALL</u> salvage must be retained until the claim is concluded</i>				
EVIDENCE TO SUPPORT OWNERSHIP OF MONEY - this can include evidence of conversion e.g. bank slip or if the loss is in respect of sterling, the relevant evidence e.g. bank statement, building society passbook, showing withdrawal of funds				
LOSS/DAMAGE REPORT from Police, Airline or other party				

PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS – THANK YOU FOR YOUR CO-OPERATION

CLAIMANT DETAILS		
Q01. Claimant's Details: Title:	First Names:	Surname:
Q02. Date of Birth: / /	Present Age:	Q03. Occupation:
Q04. Address:		
Post Code:		
Q05. Home Tel:	Mob Tel:	Work Tel:
E-mail:		

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HOLIDAY & INSURANCE DETAILS

Q06. Holiday booking date: / / Period from: / / to: / / Number of days:

Q07. Number of people in your party:

Q08. Holiday Country & Destination:

Q09. Name of the travel agent who issued the policy:

Q10. Travel Insurance Policy Number (as shown on your insurance schedule):

Q11. Policy issue Date (**very important**): / /

Q12. Method of payment for the holiday (Delete as necessary): Credit Card / Debit Card / Cheque / Cash/ Other

If credit card was used please provide details: Card Issuing Company:

CLAIM DETAILS

Q13. The date, time and place of your loss or damage: Date: / / Time: : am/pm Place:

Q14. The full details of how the loss or damage occurred and what action was taken by you (please continue on a separate sheet if necessary)

Q15. Who did you report the loss or damage to (delete as necessary) and please **include their original report**:

Not reported / Police / Representative/ Hotel Management / Airline/ Coach / Shipping Company / Other (describe)

Q16. Date of report: / / Time: : am/pm

Q17. Name and address of any witnesses:

Q18. What items are you claiming for? **Please complete the CLAIM SCHEDULE overleaf**

OTHER INSURANCE

Q19. Do you have any other insurance that covers this incident e.g. Household, Credit Card, Bank, Other Travel Policy, etc? **YES / NO**

If 'YES' please provide the full details of the policy holder (if different to claimant), the company name/address and policy number:

Name of Policy Holder:

Company Name & Address:

Policy Number:

Q20. Has this claim been submitted (or will it be) to the other insurer/airline? **YES / NO** Their ref (if known):

PREVIOUS CLAIMS

Q21. Have you or any other person named on this form ever made any previous claim for loss of or damage to personal effects or money against this or any other Insurer in the past 5 years: **YES / NO** (Please continue on a separate sheet if necessary)

Date: / / Incident:

Insurers/Adjuster:

Reference:

DATA PROTECTION NOTICE

Millstream Underwriting Ltd and Claims Settlement Agencies Ltd may use your information together with other information for underwriting, statistical analysis and claims. We may disclose your information to our service providers, agents and business partners for these purposes.

We may also share your information with other interested parties and outside agencies to check the details and prevent fraudulent claims. We may also disclose your information to our agents to investigate or prevent fraud.

CUSTOMER DECLARATION – To Be Completed By ALL Persons Claiming Aged Over 16

Millstream Underwriting Ltd and Claims Settlement Agencies Ltd and their agents and business partners may contact anyone who can give them information relevant to my claim. I/ We confirm that the information that I/ we give is true and if any of the information given by me/ us (or anyone on my/ our behalf) is incorrect, I/ we agree that such inaccuracy may cause me/ us to forfeit my/ our rights under the policy.

In the event of a Third Party being liable, on settlement of the claim I hereby subrogate my rights to the company to recover their costs.

Payments: Subject to admission of liability, we will make payment in favour of the claimant (aged over 16) as detailed in question 01 above but if an alternative payee is required please state below. I/ We have read and fully understood the above declaration.

Insured Name	Signature	Date of Birth	Date of Signature

BANK ACCOUNT DETAILS

We may choose to settle your claim by electronic means. Therefore, please provide us with details of the bank account where you would like the funds to be paid.

Account Name: Sort Code: Account No: (If outside UK) IBAN: SWIFT:

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Claim Number: A Claim number will be allocated once this form is returned

Q.18 CLAIM SCHEDULE - Please continue on a separate sheet if necessary

A FULL WRITTEN REPLY MUST BE GIVEN TO EACH QUESTION, TICKS AND DASHES WILL NOT SUFFICE AND MAY DELAY THE CLAIM

BAGGAGE & PERSONAL EFFECT ONLY								
(a) Initials of Owner	(b) Description of item and if damaged, type of damage	(c) Place of purchase (give name and location of shop and country if not UK or details of donor if presented as a gift)	(d) Date of purchase or approximate age	(e) Method of purchase Cash = csh Credit Card = cc Debit Card = dc Cheque = chq	(f) Original Cost	(g) Present Day Value	(h) Amount Claimed	
								FOR OFFICE USE ONLY
				TOTAL				

MONEY CLAIMS					
(a) Initials of Owner	(b) Type of Currency	(c) Amount of Currency	(d) Where Obtained	(e) Date Obtained	(f) Amount Claimed

PLEASE ENSURE THAT ALL RELEVANT DOCUMENTATION IS THE ORIGINAL AND NOT A PHOTOCOPY