

DELAYED BAGGAGE 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

This claim form is being provided to you as requested in order that you can make a claim for Delayed Baggage 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 Have you enclosed or previously provided the following ORIGINAL (not photocopy) documents?	✓ PLEASE TICK			
	Enclosed	Previously Sent	Not Available	Not Applicable
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				
RECEIPTS FOR THE ITEMS BEING CLAIMED OR OTHER EVIDENCE OF PURCHASE				
AIRLINE OR OTHER CARRIERS REPORT				
PROOF OF DATE AND TIME BAGGAGE WAS RETURNED TO YOU				

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: _____		

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: _____			

DELAYED BAGGAGE CLAIM FORM

CLAIM DETAILS

Q13. The date, time and place you should have received your baggage:

Date: / / Time: : am/pm Place

Q14. The date, time and place you eventually received your baggage::

Date: / / Time: : am/pm Place

Q15. The full details of how the incident occurred and what action was taken by you (please continue on a separate sheet if necessary)

Q16. Was the incident reported to the airline/coach or shipping company **YES / NO** (please enclose their original report):

Date report made: / / Time: : am/pm To whom was it reported:

Q17. Was the incident reported to the Holiday Representative? **YES / NO** (please enclose their original report):

Date report made: / / Time: : am/pm To whom was it reported:

Q16. Did you receive a delayed baggage payment at the time **YES / NO** If 'YES' from whom and amount £

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/carrier? **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 against 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:

DELAYED BAGGAGE CLAIM FORM

PLEASE ENTER YOUR CLAIM NUMBER

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	(c) Place of purchase	(d) Date of purchase	(e) Method of purchase Cash = csh Credit Card = cc Debit Card = dc Cheque = chq	(f) Cost
TOTAL					

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