

BAGGAGE & MONEY CLAIM FORM

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



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Date:

Please use this 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.

Police Federation-	Policy no-	
Main Scheme Member - Title	Forename	Surname
Main Scheme Member - Collar Number / Employer ID Number		

TO BE COMPLETED BY THE TRUSTEES OF THE INSURANCE SCHEME

I certify that the beneficiary is a subscribing member of the scheme and is entitled to cover provided under it.

Signed _____ Position _____ Date _____

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?				
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 supplierIf the item was a gift, a letter from the donor confirming the purchase detailsBank or Credit Card statements relating to the purchaseInstruction booklets or guarantee certificatesPhotographs 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. 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

Q12. The date, time and place of your loss or damage: Date: / / Time: : am/pm Place:

Q13. 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)

Q14. 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)

Q15. Date of report: / / Time: : am/pm

Q16. Name and address of any witnesses:

Q17. What items are you claiming for? **Please complete the CLAIM SCHEDULE overleaf**

OTHER INSURANCE

Q18. Do you have any other insurance that covers this incident e.g. Household All Risks, Credit Card, Bank, Airline 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:

Q19. Has this claim been submitted (or will it be) to the other insurer/airline? **YES / NO** Their ref (if known):

PREVIOUS CLAIMS

Q20. 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

Philip Williams and Company 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

Philip Williams and Company, 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

