

DELAYED BAGGAGE 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 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	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				
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. 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:			

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CLAIM DETAILS

Q12. The date, time and place you should have received your baggage:

Date: / / Time: : am/pm Place

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

Date: / / Time: : am/pm Place

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

Q15. 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:

Q16. 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:

Q17. 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? **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

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

