



International Travel Protection

Claim Form Personal/Business Effects, Money and Documents

Here is your Claim Form, as requested. Please complete it fully and return it to us.

Please ensure that you quote the Claim Number shown opposite on all correspondence.

CLAIM NO.

Personal details (required for all claims)

Surname _____

Forename(s) _____

Title _____ National Insurance No. _____

Date of Birth _____ Occupation _____

Telephone No. Day _____

Evening _____

Home address _____

_____ Postcode _____

E-mail _____

Policy details (required for all claims)

Policy number

Date of booking

Name of Travel Agent

Company name
(if applicable)

Date of travel

Name of Tour Operator

Date of issue

Date of return

Destination

Claim details

Date, time and place of incident

Full details of how loss/damage occurred _____

Tick which authorities were notified and attach their report

Police Airline Holiday Rep Shipping company Other

Date/time of report

Have you received a cash advance from any other source? Yes No

If yes, please state amount and from whom _____

Details of household contents insurers

Name _____

Address _____

_____ Postcode _____

Telephone No. _____

Full policy number

Please provide us with details of ANY credit cards which YOU hold e.g. Visa Gold Card from Barclaycard

ETI – International Travel Protection Claims Service

14th Floor, Leon House
201-241 High Street
Croydon CR9 1ER, England
Tel: +44 (0) 870 2415039
Fax: +44 (0) 870 2415038
E-mail claims@travel-insurance.com

The Financial Ombudsman Service

South Quay Plaza 2
183 Marsh Wall
London E14 9SR
www.financial-ombudsman.org.uk

The Association of British Insurers

51 Gresham Street
London, EC2V 7HQ
www.abi.org.uk

ETI is licensed by DTI (Department of Trade and Industry) in 1994 to conduct general insurance business in the UK and is now supervised by The Danish Insurance Supervisory Authorities – www.finanstilsynet.dk

ETI is a Branch of Europæiske Rejseforsikring A/S, a company incorporated in Denmark – www.europaeiske.dk

ETI is registered in England, Reg. Branch No. BR002862 and Company No. FC018451. www.travel-insurance.com

Particulars of claim (please continue on a separate piece of paper if necessary)

PERSONAL/BUSINESS EFFECTS

Owner	Item and description including make and model	Place of purchase	Date of purchase	Original price paid	Deduction for wear, tear and depreciation	Amount claimed

MONEY AND DOCUMENTS

--	--	--	--	--	--	--

Please ensure that in respect of all items being claimed for you must provide proof of purchase. Estimates for replacement are not acceptable. We will, however, accept a certified copy of an original receipt.

You are also requested to forward original travel tickets, baggage tags, invoices etc. to verify your travel arrangements.

PREVIOUS CLAIMS

Have you ever made any previous claims of the type, and in respect of the type of property, being claimed for? Yes No

If 'Yes', please supply the following information:

Date _____ Incident _____ Insurer _____ Reference _____

Date _____ Incident _____ Insurer _____ Reference _____

Claimants declaration and signature

- 1) I declare that all details and particulars given in respect of the claim(s) made herein constitute a true and accurate statement.
- 2) To the best of my knowledge and belief I have not omitted any material information which would affect the insurers assessment of this claim.
- 3) I confirm that where a claim or claims are made in respect of others, I have their full authority to act on their behalf. I also confirm that they have been advised that 'ETI' will not accept any liability if any payments are not distributed proportionately to the persons concerned.
- 4) I am aware that an insurance claim made in the knowledge that any element thereof is fraudulent is a criminal offence and that this will invalidate the policy and will render me liable to prosecution.

- 5) I am, by this notice, aware that 'ETI' will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties. ETI maintain all data in accordance with the provisions of the Data Protection Act, 1984.

DATA PROTECTION ACT

The insurance industry operates a number of anti fraud initiatives. The information given on this form may be stored electronically and shared with other organisations for this purpose. If you would prefer the information given here not to be used in this way, you should tick this box.

I have read and understand the declarations above

Claimant(s) full name(s)

Claimant(s) signature(s) Date

X

Full name of an authorised representative of the corporate policy holder (business effects/money)

Signature of authorised representative Date

X