

This file is a fillable electronic Pdf form.

Please complete all questions – if any question is not applicable please state “N/A”

Report Form for Personal Belongings, Business Equipment and Money Claim

Insured Details

Name of Policyholder

If a subsidiary of the Policyholder please provide company name

Policy number

Relationship to the Policyholder: Director Employee Student Contractor Volunteer Consultant Other

If Other – Please provide details

Full Name of Insured Person

Mr Mrs Miss Ms Date of Birth

Insured Person's Full Address

Street

City County

Country Postcode

Email Tel Fax

For security purposes please provide a password which will be required to access your claim information

Full Names of Claimants

Date of Birth Relationship to Insured Person
 eg Partner, Son, Daughter

Date of Birth Relationship to Insured Person
 eg Partner, Son, Daughter

Date of Birth Relationship to Insured Person
 eg Partner, Son, Daughter

Travel Details

Type of Travel Business Holiday Please give date of loss/damage/theft

In which country did the loss/damage/theft occur?

Please give full details of the loss/damage/theft

To whom was the loss/damage/theft reported? (Please see notes below and provide a copy of this report)

On which date was the loss/damage/theft reported?

If article(s) lost/stolen

What steps were taken regarding recovery of the article(s)?

Please provide any written evidence

If article(s) damaged:

Please supply estimate for cost of repairs or a letter from a reputable dealer confirming irreparably damaged.

Please supply receipts – if not available please supply replacement estimates/invoices.

Have you had any previous claims on this type of insurance? Yes No

If yes, please give full details with relevant dates

Notes

- 1 All losses should be reported to the local police and report obtained. This should be attached to this claim form.
- 2 All losses or damaged property which occurred whilst in the custody of an airline should be reported and a Property Irregularity Report Form obtained. This should be attached to this claim form together with ticket stubs.

Particulars of claim

Full description of each item of property lost, damaged or stolen	State to whom property belonged	Date of Purchase	Original Cost Price	Amount Claimed	Receipts/Replacement
		Currency	Estimates Attached		
		d d m m y y			Yes <input type="radio"/> No <input type="radio"/>
		d d m m y y			Yes <input type="radio"/> No <input type="radio"/>
		d d m m y y			Yes <input type="radio"/> No <input type="radio"/>
		d d m m y y			Yes <input type="radio"/> No <input type="radio"/>
		d d m m y y			Yes <input type="radio"/> No <input type="radio"/>
		d d m m y y			Yes <input type="radio"/> No <input type="radio"/>
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		d d m m y y			Yes <input type="radio"/> No <input type="radio"/>
		d d m m y y			Yes <input type="radio"/> No <input type="radio"/>
		d d m m y y			Yes <input type="radio"/> No <input type="radio"/>
		d d m m y y			Yes <input type="radio"/> No <input type="radio"/>
		d d m m y y			Yes <input type="radio"/> No <input type="radio"/>
Please ensure you provide receipts or proof of ownership				Total Sum Claimed	<input type="text"/>

