



Insurance Administration Services Ltd

I A S Admin Dept, Po Box 9, Mansfield, NG19 7BL

telephone 01623 645308

fax 01623 632861

email claims@ias-health.com

PERSONAL BAGGAGE / MONEY CLAIM FORM

IMPORTANT - PLEASE READ THE FOLLOWING CAREFULLY AND ENCLOSE THE DOCUMENTS REQUESTED

In order to process your claim quickly, please ensure that you complete any blank sections on this form with as much detail as you can as failure to do so may delay the processing of your claim. When this form has been fully completed, signed and dated, it should be **returned to the address shown above**, together with all **ORIGINAL** documentation requested.

Please ensure you read the **CHECKLIST** below and throughout this form to help you enclose the correct documents in order to avoid any delay in the processing or payment of your claim :

- Your original INSURANCE CERTIFICATE / SCHEDULE / POLICY DOCUMENT - for proof of insurance
- Your TOUR OPERATORS HOLIDAY / BOOKING INVOICE – or other documentation showing your travel dates and full cost of the trip and/or insurance
- Any other documentation requested in this form which relates to your claim – see relevant sections below.

We recommend that you keep your own copy of all documents sent to us.

You should be aware that certain information provided to us in relation to this claim will be stored electronically in accordance with current Data Protection requirements and may be shared with anti fraud and fraud prevention facilities. If you make any form of fraudulent claim or intentionally exaggerate or inflate your claim, this will invalidate your claim and this may then be reported to the appropriate authorities.

Insurance Administration Services Limited's Data Privacy Policy can be viewed at www.ias-health.co.uk

THE DECLARATION ON THE REVERSE OF THIS PAGE MUST BE COMPLETED

YOUR TRAVEL CLAIM REFERENCE :

Always quote the above reference when contacting this office

PLEASE SECURELY ATTACH ALL SUPPORTING DOCUMENTATION TO THIS FORM

1. Insured (Full Name)				Mr / Mrs / Miss / Master / Other
2. Occupation (of Insured)				
3. Full name of claimant (if different from above)				4. Date of Birth
5. Address	Post Code			
6. Email Address				
7. Private Tel. No.			8. Business Tel. No.	
9. State the name of the person to whom payment should be made				
10. Name and Address of the Travel Agent/Tour Operator				
11. Policy / Scheme Name (found in the policy wording)				
12. Date of Trip Booking			13. Policy Issue Date	
14. Departure Date			15. Return Date	
16. Is this an Annual Policy?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If YES, please give the Start Date of cover (if different from Issue Date)				
17. Policy Number (for Annual policy, or a Trip policy where applicable) (found on Schedule, Certificate)				
18. Country of holiday or journey destination				

YOUR TRAVEL CLAIM REFERENCE :

Details of Money Lost/Stolen

Does your claim fall under this section? YES/NO If YES please complete the section below

1. Are you the sole owner of the money under claim? YES/NO
If NO please state the name of the owner(s)

2. Amount Lost	Type of Currency	Amount Claimed	Owner

Personal Possessions - Theft, Loss or Damage

Does your claim fall under this section? YES/NO If YES please complete the questions below

3. Date of the Loss, Theft or Damage

4. State whether Lost, Stolen or Damaged

5. State fully the circumstances and the manner in which the Loss, Theft or Damage occurred (continue on a separate sheet if necessary)

Details of items Lost, Stolen or Damaged

Purchase receipts or other evidence to substantiate the amounts under claim must be enclosed

6. Description of articles	Name of owner	From whom obtained	Date aquired	Original purchase price	Amount claimed after deduction for age, use wear and tear

Where necessary please continue on page three

For OUTWARD LUGGAGE DELAY indicate items purchased, accompanied by receipts - ignore the last column

YOUR TRAVEL CLAIM REFERENCE :

Details of items Lost, Stolen or Damaged

Original purchase receipts or other evidence to substantiate the amounts under claim must be enclosed

6. Description of articles	Name of owner	From whom obtained	Date aquired	Original purchase price	Amount claimed after deduction for age, use wear and tear

Where necessary please continue on a separate sheet of paper

DOCUMENTATION REQUIRED (To be supplied at the claimants expense)

1. Original receipts or valuations of Lost, Stolen or Damaged item(s). Photocopies are unacceptable. If unavailable, documentation must be supplied to assist in proof of the value and ownership of the item(s) concerned.
2. If claim is for damage, you must provide a repair estimate or confirmation from the repairer that the item concerned is beyond repair. All salvage should be retained for inspection.
3. If the claim is for baggage Lost, Stolen or Damaged whilst in custody of an airline, please supply your baggage tags and flight tickets.
4. If claim is for Delayed, Lost, Stolen or Damaged baggage in transit, please forward the Property Irregularity Report with (in the case of delayed baggage) confirmation from the Tour Operators's representative of the time the luggage was delivered.
5. If the claim is for Lost or Stolen money you must enclose confirmation from a bank etc. of the issue of foreign currency. In the case of Sterling, documentary evidence of possession must be supplied.
6. Written reports from the Police or the Carrier.

PREVIOUS LOSSES

1. Have you previously sustained any loss of or damage to personal property or money? YES/NO

2. If YES, was a claim made under any insurance?
If YES, please advise the Name and Address of the Insurers and their claim number

3. Date of Loss

4. Amount paid

5. Nature of Loss

YOUR TRAVEL CLAIM REFERENCE :

AUTHORITIES NOTIFIED

Your policy requires you to notify the incident to the appropriate authority e.g. Police, Airline, Railway, Shipping Line etc. Confirmation of this must be enclosed.

State to whom you reported the incident

Name _____
Address _____
Date of notification _____
What was the result? _____

HOME CONTENTS, PERSONAL POSSESSIONS AND ALL RISKS INSURANCE

Please provide the full name and branch address of your Home Contents/All Risks insurers and a photocopy of your up to date policy schedule. Where the insurance is incorporated as part of your mortgage, please supply the name and branch address of the bank/building society concerned as well as the mortgage account number. Please ensure these details are supplied for each claimant.

1. Name of Insurer 2. Policy/Mortgage account no.

3. Address of Insurer

4. Postcode

5. Are any items for which you are claiming specified on this policy? If YES please indicate which items.

6. Are you or will you be claiming under this or any other policy? if YES please provide further details.

MISCELLANEOUS SECTION

Please add any additional information you may feel necessary

TO AVOID PAYMENT OF YOUR CLAIM BEING DELAYED PLEASE ENSURE THAT ALL DOCUMENTS REQUESTED ARE ENCLOSED AND ALL QUESTIONS HAVE BEEN ANSWERED

DECLARATION

I declare that these particulars are true and correct to the best of my knowledge

Signature

Date

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SETTLEMENT BY BACS

For your convenience and to offer an efficient smoother service, we would like to pay any claim settlement due directly into your bank account. Please provide ALL your details on this form as requested below, remembering to sign and date also.

If you do not wish to provide your bank details, any settlement due on your claim will be issued by cheque and may take a little longer to process.

You will receive an email from us to confirm when this payment has been made.

YOUR DETAILS

Name of Claimant	
Email Address Where we will send confirmation of payment	

BANK ACCOUNT DETAILS

Name of Payee This should be the same as held on the bank account	
Bank Name	
Bank Address	
Country	
Post Code	
Bank Account Number	
Sort Code	- -

If your bank account is held abroad, please also enter the following details:

IBAN / BIC number	
Swift Code	

Signed		Dated	
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IMPORTANT : We do not accept liability for any errors due to the incorrect bank details being provided by you.

PLEASE CHECK ALL DETAILS PRIOR TO SUBMITTING YOUR CLAIM.

Insurance Administration Services Limited is authorised and regulated by the Financial Conduct Authority no 307309. Registered in England no 2920641 and acts on behalf of your insurers.