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 LIABILITY 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		NO		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 CLAIM

1. Date of incident
2. Location of incident

3. Name of person responsible for incident

4. Please give a full written description of the circumstances of the incident (please continue on a seperate sheet if necessary)
   Please provide a diagramatic explanation if relevant

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 you or will you be claiming under this or any other policy? If YES please provide further details

THIRD PARTY DETAILS

1. If this claim involves a Third Party please advise their name and address
   a) Name
   b) Address

2. Do you believe the Third Party was responsible for this incident? YES/NO

3. If YES please advise why?

4. Has responsibility been accepted? If so, by whom and why?

5. Please provide the names and addresses of any witnesses to this incident

After completion of this form, please return it together with any documents or letters that you have received relating to the incident ie. from the third party, their insurers, the police or any other party. If you do receive any such papers please submit them to this office unanswered - please do not send any form of acknowledgement to whom ever has sent the papers to you. If you do so, you may prejudice your position with your insurers.

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**	

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.