

Travel & Wintersports Insurance Claim Form

for

PERSONAL EFFECTS, BAGGAGE, MONEY, PASSPORT BAGGAGE DELAY & SKI EQUIPMENT

Please complete this form and send it with all supporting documents (documents may be sent on at a later date if necessary) to MPI Claims West House 19-21 West Street Haslemere Surrey GU27 2AB. It will usually take about a week to 10 days for a claim to be processed.										
Please	e note this must be done within 31 days o	f the dat	e of Ic	ss. La	ate claims maybe repudiated.					
The section below details the documents which you should enclose in order for us to deal with your claim. They must be originals not photocopies (other than for death). Please tick yes if enclosed and no if not.										
a)	Proof of insurance, such as certificate to Tour Operators invoice.	Yes	No	d)	Receipts or other proof of ownership and value of the items on the claim form. Receipts & estimated replacement are not acceptable.	Yes	No			
b)	For damaged items, including suitcases, a repairers estimate or confirmation of damage beyond repair.	Yes	No	e)	The police, airline or other relevant reports.	Yes	No			
				f)	Currency transaction slips for money losses.	Yes	No			
c)	The holiday booking invoice or other proof of holiday/trip costs and dates.	Yes	No	g)	Flight tickets and baggage tags, if applicable.	Yes	No			
NOT	Е									
Loss or damage caused by a carrier (e.g. airline, coach operator, ferry company, etc) should have been reported to them and a Property Irregularity Report (PIR) obtained. If you have not done so, please do so immediately. Please enclose the original report together with the ticket(s) and baggage tag(s).										
SIGNATURE										
Please sign and date the form on the final page.										
TELI	TELECLAIMS									
If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to telephone you during the course of our normal working hours to discuss your claim and/or request further details. Please advise us of numbers on which you can be reached:										
	Failure to produce these	document	e ahou	h Iliw a	alay the processing of your claim					

	PLEASE COMPLI	ETE IN	I BLOCK CAPITALS
. [Claimant's title:	6.	a. Date insurance issued:
	Forenames:		
	Surname:		b. Policy ref no. or certificate no.
	Home Address:		
		7.	The period of your holiday/trip giving total number of days
			From: To:
			Total no. of days:
	Post Code:	8.	No. of people covered by the policy:
	Contact e-mail:		The street control of the party
H	Contact Telephone No.	9.	Name of tour operator from whose brochure you booked
	Home:	0.	Traine of four operator from whose stoomars you see not
	Mobile:		(if relevant):
F			
	Occupation: Date of Birth:	40	Data hall day hija harahad
		10.	Date holiday/trip booked:
	The destination and country of this holiday/trip:		
L			
	Please give details of circumstances of how the loss, theft or dama	age oc	curred: (continue on back page if necessary):
			Data of incident
			Date of incident:
	To whom was the incident reported?	13.	Have you received any payment from the airline or other source?
	Please submit report or give reason why not reported:		Yes No lf yes, full details of payer
			if yes, full details of payer
L			
Γ	Baggage delay claims only -		
	Please give the length of time you were without your baggage:		
Г	Llava vau avar mada any praviava naraanal pranarty, manay lasa	a that	tt or domogra glaima? Van 🗆 Na 🖂
	Have you ever made any previous personal property, money losse If yes, please supply the following information:	es, thei	ft or damage claims? Yes \(\square\) No \(\square\)
	Date Incident		Insurer Reference
	Date Incident	I	Insurer Reference
_			
	Certain household contents/all risks policies provide travel cover. living with your parents do they have a policy?	Do yo	u have a household contents/all risks insurance policy or if you are Yes \(\subseteq \text{No} \subseteq \subseteq \)
	If yes, please supply the name and address of the insurance comp	any a	nd policy number.
		-	
	b) Do you have any other insurance which may cover the items cl		
	If yes, please supply details of the policy(ies).	aimeu	: 165 140
	c) Was a credit card used to pay all or part of the holiday/trip cost		Yes No 🗆
	If yes, please supply the following information:		
		Cardh	nolders name:
	Name of card issuer:		
	(if different)	Cieul	t date no

PLEASE COMPLETE IN BLOCK CAPITALS

NOTES: Please itemise in the spaces provided, all of the items that you wish to claim for. With regard to claims for Baggage Delay we would ask you please to detail all emergency purchases that you made. We will unfortunately be unable to consider any claims until this is completed in full

until tills is completed in full							
Full description of item. If photographic or audio equipment please give make and model number	Initials of owner of the item	Date of purchase. Approx if not known	Place of purchase. Give shop name & country if not in UK	Purchase price	Paid by cash/che que/credit card	Amount claimed	OFFICE USE ONLY
If necessary places continue and a server	to about (usin	a the seme for	l ormat) TOTAL	£			
If necessary please continue on a separa	ie sneet (usin	ig the same fo	Jillatj TOTAL	Ĺ.			

Please total each person's claim in the boxes provided

Owner's Initials	Total Claime £	ed	Owner's Initials		Fotal Claimed	Owner's Initials		Total Claimed £	Owner's Initials		Total Clain £	
OFFICE TO USE X/ ONLY N	S i	£ £	OFFICE USE ONLY	TOTAL X/S Net	- £ £ £	OFFICE USE ONLY	TOTA X/S Net	AL £ £ £	OFFICE USE ONLY	TOT X/S Net	AL	£ £

PERSONAL MONEY ONLY

Initials of owner of currency		Type and amount of currency		Rate of Exchange			ceipt S/NO		ount med	OFFICE USE ONLY	
OFFICE USE ONLY	TOTAL X/S Net	£ £	OFFICE USE ONLY	TOTAL X/S Net	£ £	OFFICE USE ONLY	TOTAL X/S Net	£ £	OFFICE USE ONLY	TOTAL X/S Net	£

Nan Nan Acc Sori	ase provide your bank account details: me of Account holder: me of Bank: count Number: t Code: e of Account e.g. Gold:
	PLEASE COMPLETE IN BLOCK CAPITALS
	T LEASE COMIT LETE IN BLOCK CAT TIALS
	Question 11 continued:

And Finally.....

To finalise your claim please sign the declaration below, however before doing so please read the following carefully:-

- Please study the policy wording and read the terms and conditions that relate to your claim.
- You are responsible for the cost of obtaining any documentation in support of your claim.
- This Insurance contains rights of subrogation and I confirm I assign to insurers all rights of recovery/salvage against any person or organisation and will do whatever necessary to secure such rights.
- Information on this form will be used by insurers to deal with any claim. Insurers may also pass this and any other information to other insurers and organisations involved in dealing with any claim. Insurers also share information to prevent fraud.

DECLARATION

I declare that, to the best of my knowledge and belief, all information stated herein is correct and that the insurance company is subrogated with all rights I may have against any third party(s).

I have not withheld any information from insurers within my knowledge connected with my claim.

I agree to provide further information or documentation that may be reasonably required.

SIGNATURE OF CLAIMANT:	DATE:
SIGNATURE OF PARENT/GUARDIAN:	DATE:
RELATIONSHIP:	
CONTACT NUMBER:	
CONTACT EMAIL:	

Warning

Making a fraudulent or knowingly exaggerated claim is a criminal offence and could render the offender liable to prosecution.

Copy

Please take a copy of this claim form and any attachments for your records and send the original with all supporting documents to MPI Claims West House 19-21 West Street Haslemere Surrey GU27 2AB