

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 note this must be done within 31 days of the date of loss. Late 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.

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|---|---|--|---|---|--|
| <p>a) Proof of insurance, such as certificate to Tour Operators invoice.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> | <p>d) Receipts or other proof of ownership and value of the items on the claim form. Receipts & estimated replacement are not acceptable.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>b) For damaged items, including suitcases, a repairers estimate or confirmation of damage beyond repair.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> | <p>e) The police, airline or other relevant reports.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| | | | <p>f) Currency transaction slips for money losses.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>c) The holiday booking invoice or other proof of holiday/trip costs and dates.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> | <p>g) Flight tickets and baggage tags, if applicable.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

NOTE

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.

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:

.....or.....

Failure to produce these documents above will delay the processing of your claim

Please provide your bank account details:

Name of Account holder:

Name of Bank:

Account Number:

Sort Code:

Type of Account e.g. Gold:

PLEASE COMPLETE IN BLOCK CAPITALS

Question 11 continued:

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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**