



Fogg Travel Insurance Services Limited

Crow Hill Drive, Mansfield, Nottinghamshire, NG19 7AE

telephone 01623 631331

fax 01623 420450

email info@fogginsure.co.uk

PERSONAL BAGGAGE CLAIM FORM

IMPORTANT - PLEASE READ THE FOLLOWING CAREFULLY AND ENCLOSE THE DOCUMENTS REQUESTED WITH THIS FORM

Please ensure that you complete any blank sections on this form 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.

In order to avoid any delay in payment of your claim you should ensure that the following documents are enclosed :-

1. Your original Travel Agents premium receipt and/or insurance certificate/policy document as confirmation that you purchased insurance.
2. Your Tour Operators holiday invoice and any other documentation requested in this form which relates to your claim.

The Insurance industry operates a number of anti-fraud initiatives which include TCEWS, operated by J S Management Ltd., and CUE, operated by Insurance Database Services Ltd. Details on these organisations can be provided on request.

Information given on this form may be stored electronically and shared with these organisations for this purpose. If you would prefer that the information given on this form is not used you should advise us.

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/Mast/Other |
| 2. Occupation (of Insured) | | | | |
| 3. Full name of claimant (if different from above) | | | | 4. Date of Birth |
| 5. Address (full including post code) | | | | |
| 6. Private Tel. No. | | | 7. Business Tel. No. | |
| 8. State the name of the person to whom payment should be made | | | | |
| 9. Name and Address of the Travel Agent/Tour Operator | | | | |
| 10. Is this an Annual Policy? | YES | <input type="checkbox"/> | NO | If YES please state the policy No. |
| 11. Date of Booking | | | | 12. Policy issue date |
| 13. Departure date | | | | 14. Return date |
| 15. Country of holiday or journey destination | | | | |

fogg travel insurance services limited is an independent intermediary and is authorised and regulated by the financial services authority no 307304 registered in england 1694269

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 :

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