



DAMAGE OR INJURY TO A THIRD PARTY FOR WHICH YOU ARE LEGALLY LIABLE



PO Box 420
Hadlow
Kent
TN9 9DE

tel: 08453 707 133
fax: 0870 620 5001
web: www.tif-plc.co.uk

We are sorry to learn that you need to make a claim on your travel insurance policy.

In order that we can process your claim quickly please complete all the relevant sections of the claim form in full and return it to us at the above address together with the following ORIGINAL documentation. In the interest of protecting ourselves from fraud we are unable to accept photocopied documents however we can return your originals promptly if you indicate that this is your wish.

CHECKLIST OF DOCUMENTS REQUIRED

tick the box to indicate to us which ones we should expect to find enclosed

- BOOKING INVOICE (where appropriate)
- PROOF OF PURCHASE OF INSURANCE (either certificate or premium receipt)
- WRITTEN REPORT FROM POLICE OR TOUR OPERATORS REPRESENTATIVE
- WRITTEN REPORTS FROM ANY THIRD PARTIES OR WITNESSES OF THE INCIDENT
- ALL CORRESPONDENCE RELATING TO THE INCIDENT (preferably unanswered)

If you have paid any sums for repairs for damage caused

- ANY INVOICES FOR REPAIRS ALREADY CARRIED OUT
- RECEIPTS FOR ANY PAYMENTS YOU HAVE ALREADY MADE

If this is a winter sports claim

- DETAILS OF WITNESSES
- REPORT OF INCIDENT FROM PISTE REP OR RESORT REP
- MEDICAL REPORTS FOR INJURED PERSONS

You should note that all the information provided to us on this form will be stored electronically in accordance with The Data Protection Act and shared with the Insurance Industry Fraud Prevention Unit. If you make a fraudulent or intentionally exaggerated claim this will invalidate your claim and we will pursue a recovery through the civil courts in all cases.

We do understand that it may take time to collect all the documentation required but please try to submit your claim as soon as possible after the event .

Yours sincerely,

Travel Claims Facilities Plc

CLAIM FOR PERSONAL LIABILITY – []

Please complete all sections of this form and then check the list of additional documents you need to send in order that we can assess your claim immediately.

DETAILS OF THE INSURED PERSON

Title			
Full Name			
Address			
Postcode			
D.O.B.		National Insurance No.	
Telephone Number		E-mail	



PO Box 420
Hadlow
Kent
TN9 9DE

tel: 08453 707 133
fax: 0870 620 5001
web: www.tif-plc.co.uk

DETAILS OF THE INSURANCE POLICY

Place Purchased		Scheme of Insurance	
Telephone No.		Policy No.	
Certificate No.		Date Issued	
Dates of Trip	to:	Trip Destination	
Medical Screening Case No. (if applicable)		Master Policy No.	

DETAILS OF TRIP

Travel Agent/Tour Operator		Tel No.	
Date of Booking		Date Final Balance Paid	
Method of Payment (Cash/Cheque/Debit Card/Credit Card)			

DETAILS OF CLAIM

Date of Incident		Time of incident	
------------------	--	------------------	--

Please describe in detail the incident, which has caused the claim (please continue on the reverse should you need further space):

CLAIM FOR PERSONAL LIABILITY – []
THIRD PARTIES INVOLVED



travel
claims
facilities

PO Box 420
Hadlow
Kent
TN9 9DE

tel: 08453 707 133
fax: 0870 620 5001
web: www.tif-plc.co.uk

Do you believe the third party was responsible for this incident: Yes No

If yes please explain why

Has responsibility been accepted and if so by whom

NAMES AND ADDRESSES OF WITNESSES

Name

Address

Postcode

Telephone

Name

Address

Postcode

Telephone

DETAILS OF YOUR HOME CONTENTS, PERSONAL POSSESSIONS AND ALL RISKS INSURANCE

Name of insurer

Mortgage/Policy account number

Address of insurer

Postcode

Telephone number

Will you be making a claim under this section: Yes No

If Yes, please supply details and the claim reference number

DECLARATION

- ✓ I/We declare that all the details provided above are true and accurate to the best of my knowledge.
- ✓ I/We give consent for Travel Claims Facilities to seek recovery of monies paid where reciprocal agreements are in force, or from other insurers covering the same risk, or from third parties who may be held liable.
- ✓ I/We understand that details of this claim may be passed to the insurance industries central claim register
- ✓ I/We understand that if a claim is found to be fraudulent or exaggerated that this will invalidate the whole claim and TCF may seek to recover any costs through the civil courts.

Signed

Dated