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LOSS, DAMAGE OR THEFT OF YOUR PERSONAL POSSESSIONS
LOSS OR THEFT OF YOUR PERSONAL MONEY OR TRAVEL DOCUMENTS
PURCHASE OF ESSENTIAL ITEMS DUE TO DELAYED ARRIVAL OF YOUR BAGGAGE
COST OF TRAVEL TO OBTAIN A REPLACEMENT PASSPORT



travel
claims
facilities

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)
- PURCHASE RECIEPTS FOR ITEMS CLAIMED
- PHOTOCOPY OF THE SCHEDULE FOR YOUR HOME INSURANCE

For general loss or damage claims

- WRITTEN REPORT FROM THE POLICE / TOUR OPERATORS REP / HOTEL OR ACCOMMODATION PROVIDER
- REPAIR ESTIMATE OR CONFIRMATION THAT ITEM IS BEYOND ECONOMICAL REPAIR FROM A REPUTABLE RETAILER

For loss or damage by a carrier

- PROPERTY IRREGULARITY REPORT (PIR) / DAMAGE REPORT
- LETTER FROM THE AIRLINE CONFIRMING THE GOODS ARE PERMANENTLY LOST
- AIRLINE BAGGAGE TAGS

For loss or theft of personal money or valuables

- FOREIGN EXCHANGE RECEIPT / PROOF OF MONEY
- POLICE REPORT

For loss or theft of travel documents

- CONSULAR CONFIRMATION OF REQUIREMENT TO REPLACE THEM
- TRAVEL TICKETS AND RECEIPTS TO OBTAIN REPLACEMENT
- POLICE REPORT

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 POSSESSIONS AND MONEY – []

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



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DETAILS OF THE INSURED PERSON

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

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

Please describe in your own words the circumstances surrounding the loss. Date Local time

Exactly where were the items at the time of the loss/theft or damage?

What actions did you take to recover your property?

Who did you report the loss to?

DELAYED BAGGAGE

Date and time of your arrival in resort	<input type="text"/>
Date and time you received your luggage	<input type="text"/>
Length of delay	<input type="text"/>
Flight No.	<input type="text"/>
Compensation received from carrier	<input type="text"/>



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LIST OF ESSENTIAL ITEMS PURCHASED (These must be accompanied by receipts)

Item	Where bought	Cost	Currency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXPENSES INCURRED IN TRAVELLING TO REPLACE YOUR PASSPORT

Claimant Name	<input type="text"/>	Expense	<input type="text"/>	Date	<input type="text"/>
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Arrangements made:

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

Print name clearly here