

# BAGGAGE & MONEY CLAIM FORM

**Claim Number:** A claim number will be allocated once this form is returned



## Claims Settlement Agencies Limited

308-314 London Road, Hadleigh, Benfleet, SS7 2DD. UNITED KINGDOM  
Tel: 0330 660 0549 (within UK) or +44 330 660 0549 (from overseas)  
email: [claims@true traveller.com](mailto:claims@true traveller.com)

Date:

Please use the above address for ALL correspondence & quote the above Claim Number in ALL subsequent communication.

When the Claim Form is received we aim to process it in five working days.

This claim form is being provided to you as requested in order that you can make a claim for Baggage & Money under the terms and conditions of your travel insurance policy.

Below is a Document Check List – please ensure you provide the correct documentation when submitting your claim as failure to do so may cause delays. We suggest you keep a copy of this claim form and other documents for your own records.

IMPORTANT DOCUMENT CHECK LIST	PLEASE TICK			
	Enclosed	Previously Sent	Not Available	Not Applicable
Have you enclosed or previously provided the following ORIGINAL (not photocopy) documents?				
<b>CERTIFICATE OF INSURANCE</b> (or other proof of payment of insurance premium i.e. the Tour Operators booking invoice)				
<b>HOLIDAY BOOKING INVOICE</b> as issued by the booking Agent & Tour Operator (if applicable)				
<b>AIRLINE or OTHER TICKETS and BAGGAGE CHECK TAGS</b>				
<b>EVIDENCE TO SUPPORT OWNERSHIP OF PERSONAL ITEMS</b> this should include receipts for the items but if these are not available then; <ul style="list-style-type: none"><li>A certified copy of an original receipt from the supplier</li><li>If the item was a gift, a letter from the donor confirming the purchase details</li><li>Bank or Credit Card statements relating to the purchase</li><li>Instruction booklets or guarantee certificates</li><li>Photographs that may show items such as jewellery</li></ul> <i>Please note that Estimates for replacement are regrettably not acceptable</i>				
<b>EVIDENCE TO SUPPORT DAMAGE</b> – please obtain a repairers' report of total loss or damage and current price. <i>Please note that ALL salvage must be retained until the claim is concluded</i>				
<b>EVIDENCE TO SUPPORT OWNERSHIP OF MONEY</b> - this can include evidence of conversion e.g. bank slip or if the loss is in respect of sterling, the relevant evidence e.g. bank statement, building society passbook, showing withdrawal of funds				
<b>LOSS/DAMAGE REPORT</b> from Police, Airline or other party				

### PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS – THANK YOU FOR YOUR CO-OPERATION

<b>CLAIMANT DETAILS</b>		
Q01. Claimant's Details: Title:	First Names:	Surname:
Q02. Date of Birth:	Present Age:	Q03. Occupation:
Q04. Address:		Post Code:
Q05. Home Tel:	Mob Tel:	Work Tel:
E-mail:		

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### HOLIDAY & INSURANCE DETAILS

**Q06.** Holiday booking date: \_\_\_\_\_ Period from: \_\_\_\_\_ to: \_\_\_\_\_ Number of days: \_\_\_\_\_

**Q07.** Number of people in your party: \_\_\_\_\_ **Q08.** Holiday Country & Destination: \_\_\_\_\_

**Q09.** Name of the travel agent who issued the policy: **True Traveller**

**Q10.** Travel Insurance Policy Number (as shown on your insurance schedule): **MSTT-**

**Q11.** Policy issue Date (***very important***): \_\_\_\_\_

**Q12.** Method of payment for the holiday : Credit Card      Debit Card      Cheque      Cash      Other

If credit card was used please provide details: Card Issuing Company: \_\_\_\_\_

### CLAIM DETAILS

**Q13.** The date, time and place of your loss or damage: Date & Time: \_\_\_\_\_ Place: \_\_\_\_\_

**Q14.** The full details of how the loss or damage occurred and what action was taken by you (please continue on a separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Q15.** Who did you report the loss or damage to (delete as necessary) and please **include their original report**: Not Reported      Police  
 Representative      Hotel Management      Airline      Coach Company      Shipping Company      Other

**Q16.** Date & time of report: \_\_\_\_\_

**Q17.** Name and address of any witnesses: \_\_\_\_\_

**Q18.** What items are you claiming for? **Please complete the CLAIM SCHEDULE overleaf**

### OTHER INSURANCE

**Q19.** Do you have any other insurance that covers this incident e.g. Household All Risks, Credit Card, Bank, Airline etc? YES      NO  
 If 'YES' please provide the full details of the policy holder (if different to claimant), the company name/address and policy number:

Name of Policy Holder: \_\_\_\_\_ Company Name & Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Q20.** Has this claim been submitted (or will it be) to the other insurer/airline? YES      NO      Their ref (if known): \_\_\_\_\_

### PREVIOUS CLAIMS

**Q21.** Have you or any other person named on this form ever made any previous claim for loss of or damage to personal effects or money against this or any other Insurer in the past 5 years: YES      NO      (*Please continue on a separate sheet if necessary*)

Date: \_\_\_\_\_ Incident: \_\_\_\_\_

Insurers/Adjuster: \_\_\_\_\_ Reference: \_\_\_\_\_

### DATA PROTECTION NOTICE

Claims Settlement Agencies Ltd may use your information together with other information for underwriting, statistical analysis and claims. We may disclose your information to our service providers, agents and business partners for these purposes.

We may also share your information with other interested parties and outside agencies to check the details and prevent fraudulent claims. We may also disclose your information to our agents to investigate or prevent fraud.

### CUSTOMER DECLARATION – To Be Completed By ALL Persons Claiming Aged Over 16

Claims Settlement Agencies Ltd, agents and business partners may contact anyone who can give them information relevant to my claim. I/ We confirm that the information that I/ we give is true and if any of the information given by me/ us (or anyone on my/ our behalf) is incorrect, I/ we agree that such inaccuracy may cause me/ us to forfeit my/ our rights under the policy.

In the event of a Third Party being liable, on settlement of the claim I hereby subrogate my rights to the company to recover their costs.

**Payments:** Subject to admission of liability, we will make payment in favour of the claimant (aged over 16) as detailed in question 01 above but if an alternative payee is required please state below. I/ We have read and fully understood the above declaration.

Insured Name	Signature	Date of Birth	Date of Signature



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## PAYEE'S BANK DETAILS - UK RESIDENTS

IF WE APPROVE YOUR CLAIM, WE CAN CREDIT THE MONEY DIRECT TO YOUR BANK ACCOUNT. THIS METHOD IS QUICKER, SAFER AND MORE RELIABLE THAN PAYMENT BY CHEQUE. IF YOU WOULD LIKE US TO DO THIS, PLEASE COMPLETE THE FOLLOWING:

Name of your Bank/Building Society:			
Bank Sort Code:			
Account Number:			
Name of Account Holder(s):			

If you are an EU resident and wish your funds to be transferred to your European Bank, please complete the following:

Name and address of your Bank:

The bank account number or International Bank Account Number (IBAN):

The SWIFT Bank Identifier Code (SWIFTBIC):

Name of Account Holder(s):