

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, Essex SS7 2DD
 Tel: 01702 842063 Fax: 01702 427173
 email: info@csal.co.uk www.csal.co.uk

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.

If original documents are being sent, we recommend sending via Recorded Delivery.

Please ensure you keep copies for your own records if posting original documents.

Date:

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

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

CLAIMANT DETAILS		
Q01. Claimant's details: Title:	First Name(s):	Surname:
Q02. Date of Birth (DD/MM/YY):	Present Age:	
Q03. Occupation:		
Q04. Address:		
		Post Code:
Q05. Home Tel:	Mob Tel:	Work Tel:
Email:		

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HOLIDAY & INSURANCE DETAILS

Q06. Holiday booking date:	Period from:	Period to:	Number of days:
Q07. Number of people in your party:	Q08. Holiday Country & Destination:		
Q09. Name of Travel Insurance provider:			
Q10. Travel Insurance Policy Number (as shown on your insurance schedule):			
Q11. Policy issue Date (<i>very important</i>):			
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:	am:	pm:
Place:	Q14. The full details of how the loss or damage occurred and what action was taken by you:		
Q15. Who did you report the loss or damage to (delete as necessary) and <i>please include their report</i> :			
Not reported:	Police:	Representative:	Hotel Management: Airline: Coach: Shipping Company: Other:
If 'Other' please describe:			
Q16. Date of report:	Time of report:	am:	pm:
Q17. Name and address of any witnesses:			
Q18. What items are you claiming for? Please complete the CLAIM SCHEDULE on the next page			

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:	Policy Number:
Company Name & Address:	
Q20. Has this claim been submitted (or will it be) to the other insurer/airline? YES: NO:	Their ref (if known):

DATA PROTECTION NOTICE

Personal Information – means information that identifies and relates to you or other individuals (i.e. your dependants). By providing **Personal Information** to Claims Settlement Agencies you give us permission for its use as described below. Full details about our use of **Personal Information** can be found in our full Privacy Notice at www.csal.co.uk/privacy-policy or you may request a copy using the contact details above.

When providing **Personal Information** about another individual to us, you confirm that you are authorised to provide it for use as described below.

Types of Personal Information we may collect and why:

Depending on our relationship with you, **Personal Information** collected may include:

- identification and contact information,
- payment card and bank account,
- credit reference and scoring information,
- sensitive information about health or medical condition,
- and other **Personal Information** provided by you.

Personal Information may be used for the following purposes:

- Insurance administration, (communications, claims processing and payment)
- Decision-making on provision of insurance cover and payment plan eligibility,
- Assistance and advice on medical and travel matters,
- Management and audit of our business operations,

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Claims payments made by BACS transfer or other electronic banking system will be made and credited to your account.

By entering your bank account details, you confirm that CSAL has your full authority to remit monies directly to that account by the BACS or other electronic banking system. You also accept that, providing payment remitted to the bank account designated by you, CSAL shall have no further liability or responsibility in respect of such payment, and that it shall be your sole responsibility to make collection of any misdirected payment.

Name of account holder:

Type of current account e.g. Platinum / Gold / Premier:

Name and address of Bank / Building Society:

Sort Code:

Account Number:

BROKERDid you arrange your insurance via a broker? If so do you consent to us discussing your claim with them directly (if required)? **YES:** **NO:**

Name of Broker: