

Travel & Wintersports Insurance Claim Form for

PERSONAL EFFECTS, BAGGAGE, MONEY, PASSPORT BAGGAGE DELAY & SKI EQUIPMENT

Please complete this form, send it with all supporting documents (documents may be sent on at a later date if necessary) to **International Medical Rescue, 15 East Links, Tollgate, Eastleigh, Hampshire, SO53 3TG** or claims@im-rescue.com It will usually take about a week to 10 days for a claim to be processed. You can also contact the claims department on 0345 122 3280 24 hours a day, 7 days a week.

Please note this must be done within 31 days of the date of loss. Late claims maybe repudiated.

The section below details the documents which you should enclose in order for us to deal with your claim. They must be **originals not photocopies** (other than for death). Please tick yes if enclosed and no if not.

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| <p>a) Proof of insurance, such as certificate to Tour Operators invoice. Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | <p>d) Receipts or other proof of ownership and value of the items on the claim form. Receipts & estimated replacement are not acceptable. Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>b) For damaged items, including suitcases, a repairers estimate or confirmation of damage beyond repair. Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | <p>e) The police, airline or other relevant reports. Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| | | <p>f) Currency transaction slips for money losses. Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>c) The holiday booking invoice or other proof of holiday/trip costs and dates. Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | <p>g) Flight tickets and baggage tags, if applicable. Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

NOTE

Loss or damage caused by a carrier (e.g. airline, coach operator, ferry company, etc) should have been reported to them and a Property Irregularity Report (PIR) obtained. **If you have not done so, please do so immediately.** Please enclose the original report together with the ticket(s) and baggage tag(s).

SIGNATURE

Please sign and date the form on the final page.

TELECLAIMS

If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to telephone you during the course of our normal working hours to discuss your claim and/or request further details. Please advise us of numbers on which you can be reached:

.....or.....

Failure to produce these documents above will delay the processing of your claim

PLEASE COMPLETE IN BLOCK CAPITALS

NOTES: Please itemise in the spaces provided, all of the items that you wish to claim for. With regard to claims for Baggage Delay we would ask you please to detail all emergency purchases that you made. We will unfortunately be unable to consider any claims until this is completed in full

Full description of item. If photographic or audio equipment please give make and model number	Initials of owner of the item	Date of purchase. Approx if not known	Place of purchase. Give shop name & country if not in UK	Purchase price	Paid by cash/che que/credit card	Amount claimed	OFFICE USE ONLY
If necessary please continue on a separate sheet (using the same format)				TOTAL	£		

Please total each person's claim in the boxes provided

Owner's Initials	Total Claimed £	Owner's Initials	Total Claimed £	Owner's Initials	Total Claimed £	Owner's Initials	Total Claimed £	
OFFICE	TOTAL	£	OFFICE	TOTAL	£	OFFICE	TOTAL	£
USE	X/S	£	USE	X/S	£	USE	X/S	£
ONLY	Net	£	ONLY	Net	£	ONLY	Net	£

PERSONAL MONEY ONLY

Initials of owner of currency	Type and amount of currency	Rate of Exchange	Receipt YES/NO	Amount claimed	OFFICE USE ONLY
OFFICE	TOTAL	£	OFFICE	TOTAL	£
USE	X/S	£	USE	X/S	£
ONLY	Net	£	ONLY	Net	£

Please provide your bank account details:

Name of Account holder:

Name of Bank:

Account Number:

Sort Code:

Type of Account e.g. Gold:

PLEASE COMPLETE IN BLOCK CAPITALS

Question 11 continued:

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And Finally.....

To finalise your claim please sign the declaration below, however before doing so please read the following carefully:-

- Please study the policy wording and read the terms and conditions that relate to your claim.
- You are responsible for the cost of obtaining any documentation in support of your claim.
- This Insurance contains rights of subrogation and I confirm I assign to insurers all rights of recovery/salvage against any person or organisation and will do whatever necessary to secure such rights.
- Information on this form will be used by insurers to deal with any claim. Insurers may also pass this and any other information to other insurers and organisations involved in dealing with any claim. Insurers also share information to prevent fraud.

DECLARATION

I declare that, to the best of my knowledge and belief, all information stated herein is correct and that the insurance company is subrogated with all rights I may have against any third party(s).

I have not withheld any information from insurers within my knowledge connected with my claim.

I agree to provide further information or documentation that may be reasonably required.

SIGNATURE OF CLAIMANT: DATE:.....

SIGNATURE OF PARENT/GUARDIAN:..... DATE:.....

RELATIONSHIP:.....

CONTACT NUMBER:.....

CONTACT EMAIL:.....

Warning

Making a fraudulent or knowingly exaggerated claim is a criminal offence and could render the offender liable to prosecution.

Copy

Please take a copy of this claim form and any attachments for your records and send the original with all supporting documents to **International Medical Rescue, 15 East Links, Tollgate, Eastleigh, Hampshire, SO53 3TG**