

Please write clearly  
in BLACK INK

# Overseas Resort Staff Claim Form 'front page'



## Declaration

I wish to make a claim under my company's resort staff insurance policy which I am doing in the name of the company and I will be honest and accurate in all information provided. I understand that any false information or exaggeration may result in a decline of part or all of my claim and in certain circumstances the policy may be voided and my employer will be informed.

Signed

Date

 /  / 

Title

Name of employer

First Name

Job title

Surname

Resort or country

DOB

Insurance reference number (can be found on policy wording)  
This is vital, without this we are unable to process your claim

 MP  / 

Height

Notification of Incident No

Weight

Date of contract of employment. This is the date you signed up, not the date you started

 /  / 

Home address

Please refer to the policy and enter below the section(s) under which you are claiming. If claiming under more than one section, only complete the 'front' and 'back' pages once.

Section(s)

Post code

Commencement of employment

Date

 /  / 

Overseas address

Period

Do you have any other insurance which may also provide cover for this event?

Please think about the other policies you may have, as this helps to keep premiums down in the future. Giving us this information will have no effect on your claim. Examples of other insurance policies are: private medical insurance, family travel insurance, bank/building society, Carré Neige, Carte Neige, home or flat insurance, or if you live with your parents their home insurance.

YES

NO

Email

Mobile

Other number (optional)

If yes, please supply details of policy(ies)

**Now: please complete the pages for the relevant claim type – section(s) and write your name in the box at the top right hand corner of each subsequent page. Then complete the 'back page'. If you are claiming more than one section, you only need to complete the 'front' and 'back' pages once.**

# Wintersports and Travel Insurance Claim Form



## Money

Your name

Please complete this form together with the front and back pages. If there is insufficient space please continue on the notes page. Where there is a YES or NO answer please place a ✓ in the relevant box

**1** Date of loss or theft which has given rise to a claim including time and place

Date:

Time:

Place:

**4** To whom was the incident reported? Please submit a report or give reason why not reported

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**2** Are you claiming for

Loss

Theft

**5** Have you in the last five years made any claim on any insurance policy for loss, theft or damage of personal effects or a claim for money?

YES

NO

**3** Please give a full description of how the loss or theft occurred

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If yes please supply further information including date of incident and insurer

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Your name

# Claim Form 'back page'

## And finally...

To finalise your claim, please read and sign the declaration below. Please do not sign this page until you have completed the pages for the relevant claim types, and note the following:-

- You are responsible for the cost of obtaining any documentation in support of your claim
- This insurance contains rights of subrogation, salvage and recovery in favour of underwriters
- The information on this form will be used 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 share information to prevent fraud

Is there any other information that should be brought to underwriters attention in relation to your claim?

### Bank Details

In the event that your claim is successful we are able to make the settlement direct to your bank which speeds up the process. Please complete your bank details below, alternatively payment may be made by cheque

Name of UK bank

Sort code

Account No.

Name of Overseas bank

BIC

IBAN

### Assignment

If another person, company or organisation (eg. your employer), has funded your claim and you would like settlement to be made direct to them please complete their details below:

Name, address and postcode

Your signature:

Date:

If only part of the costs are to be paid to another person please explain below.

### DECLARATION

- I declare that all the information given is accurate and correct
- I have not withheld any information within my knowledge connected with my claim
- I agree to provide further information or documentation that may be reasonably requested at my expense
- I consent to the processing and use of information contained in this claim

Signature of Staff Member:

Print name:

Date:

Signature of Employer:

Print name:

Position:

Date:

### Note to Manager/Employer

Please sign and date the above, fill in your company name below, then hand back to staff member to send to MPI Claims.

### To MPI Claims

Please accept this claim on behalf of *[enter name of travel company or employer]*

### Where to send and please keep a copy

Please take a copy of the whole claim form and any attachments for your records and send the original with all supporting documents to:

### MPI Claims

**West House, 19-21 West Street,  
Haslemere,  
Surrey,  
GU27 2AB**