

Baggage, Personal Effects & Baggage Delay Claim Form

INSTRUCTIONS - IMPORTANT - PLEASE READ CAREFULLY

1. Please answer all questions in FULL and in BLOCK -CAPITALS
2. Once fully completed, this form with original documents (not copies) in support of your claim with the original booking invoice should be forwarded to the Scheme Administrator for this insurance, who are; Jubilee Service Solutions Ltd, 21 Perry Mount Road, Haywards Heath, West Sussex, RH16 3TP

To help prevent fraud, insurers sometimes share information and details of your claim may be exchanged between other insurers. If any claim under this insurance is fraudulent or if any misleading or fraudulent means are used by you or anyone acting on your behalf to obtain benefit under this insurance, your right to any benefit under this insurance will end, your policy will be cancelled and the insurer will be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading statement. The insurer may also inform the police.

| | |
|---|---|
| Certificate/ Policy Number: <input style="width: 95%;" type="text"/> | Title: <input style="width: 15%;" type="text" value="Mr/Mrs etc"/> <input style="width: 80%;" type="text"/> |
|---|---|

| | |
|---|---|
| Surname: <input style="width: 95%;" type="text"/> | Date of Birth: <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |
|---|---|

| | |
|---|---|
| First Name(s): <input style="width: 95%;" type="text"/> | Daytime Contact No.: <input style="width: 15%;" type="text" value="STD"/> <input style="width: 80%;" type="text"/> |
|---|---|

| | |
|---|---|
| Address: <input style="width: 95%; height: 40px;" type="text"/> | Nature of Occupation: <input style="width: 95%;" type="text"/> |
| Post Code: <input style="width: 95%;" type="text"/> | Travel Destination: <input style="width: 95%;" type="text"/> |

| | |
|---|--|
| Date of Booking: <input style="width: 95%;" type="text"/> | Date of Return Travel: <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |
|---|--|

| | |
|---|--|
| Date of Outward Travel: <input style="width: 95%;" type="text"/> | Date, approximate time and place of loss: <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 40%;" type="text"/> |
|---|--|

Was the loss or damage reported to the Police or any other Authority?

Yes No

If 'Yes', please supply full details and submit the Police Report or similar confirmation:

Did the loss or damage occur in transit?

Yes No

If 'Yes' please supply Carrier's full details, together with when and how the incident was reported to them:

Describe fully how the loss or damage occurred. If the property was unattended we shall need to know for how long it had been left, from where it was stolen, how entry was effected and what damage has been caused. Please let us have as much information as possible and if necessary continue on a separate piece of paper:

Where the terms of your cover allow, claims payments may be made directly into your bank account. Please give us details of the account you would wish to be credited.

Your Bank Sort Code:

Your Bank Account Number:

IMPORTANT: If articles were lost or damaged whilst being handled by, or in custody or control of the Airline, Railway or Ferry Company immediate written notice must be given to such Company, but in any event within three days and a report must be obtained. If this condition is not complied with no claim can be accepted. An airline will normally issue a Property Irregularity Report when the loss or damage is reported at the airport, but you must still formally write to them within three days. You should submit to us any Property Irregularity Report and any subsequent correspondence. Please help us by providing as much information as possible regarding all of the items lost or damaged. For any damaged items you should submit a repair estimate, or, in the event of the item not being repairable, a statement to this effect from the Repairer. It will be necessary for you to substantiate your claim. Original purchase receipts for items lost or damaged should be submitted. If these are not available then most retailers will provide you with a duplicate. Alternatively, credit/debit card receipts or cancelled cheques can be submitted.

A detailed description of all items is required. Examples of the type of information needed are for cameras; the make, the model number and the lens details. For watches; the make, the model, the nature and quality of metal from which the case was made, the number of jewels and the type of strap. For jewellery; a description of the item, the nature and quality of the metal content, size and number of stones.

1. BAGGAGE DELAY - Emergency purchases; supporting statements/receipts must be provided.

PLEASE ENSURE THAT EACH COLUMN IS FULLY COMPLETED

| Name of Owner | Description of Articles | Place of purchase Name of retailer | Date of Purchase or Acquisition | Replacement Cost (please clarify currency) | Amount Claimed |
|---------------|-------------------------|---------------------------------------|------------------------------------|--|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total: | | | | | |

For how long was the baggage delayed?

Please confirm the date, time and place to where the baggage was delivered:

Do you or anyone named above hold any other Insurance, for example Household or All Risks insurance which may cover the loss or damage?

Yes No

If 'Yes' please provide

1) Name of Policyholder:
2) Name & Address of Insurer/Underwriter:
3) Policy Number:

Has a claim been submitted to the other Insurer/Underwriter?

Yes No

If 'Yes' please provide

1) Claim Reference:
2) Amount of Payment:

Have you or anyone named above ever made a claim for loss or damage to Personal Effects against this or any other Insurer/Underwriter?

Yes No

If 'Yes', please provide the following information

1) Name of Policyholder:
2) Name & Address of Insurer/Underwriter:
3) Policy Number:
4) Amount of Payment:

