

TRAVEL CLAIM FORM

BAGGAGE, PERSONAL EFFECTS AND MONEY



(Please return this form to your Insurance Broker or claims@oak-underwriting.com)

DETAILS OF THE POLICY HOLDER AND POLICY

Name	
Address	
Postcode	
Telephone	
Work telephone	
Email address	
Date of birth	
Policy number	
Renewal date	

TRIP DETAILS

Outward journey date	
Return journey date	
Country	
Destination	

NAME OF PERSONS CLAIMING UNDER THIS INSURANCE

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	
Person 6	

REQUIRED DOCUMENTATION

Please send the following documentation (where relevant) in order to prevent any delays on your claim.

The original receipts/proof of pre-loss purchase for the items you are claiming for; in the event you are claiming for the delayed luggage please forward all the original receipts for the emergency purchases (we are unable to return the receipts for the emergency purchases).
Holiday booking invoice showing the date the holiday/trip was booked, who was booked to travel, the travel dates, the destination and the amounts paid.
Holiday cancellation invoice showing the date that the holiday/trip was cancelled, who has cancelled, the cancellation fee and the amount of the refund you are receiving (if any).
Claims for damaged items: Written confirmation from a trade's person to confirm the cost to repair the item or to confirm the item is beyond economical repair.
Claims where an airline/carrier is involved: Incident report to confirm the loss/damage or delay has been reported to the carrier (as required) in the event the incident involves an airline this document is a Property irregularity report or PIR we are unable to return this document).
Claims where an airline/carrier is involved: Baggage delivery report/proof of delivery which will confirm the length of delay to your baggage (we are unable to return this document).
Claims where an airline/carrier is involved: Baggage tags and tickets.

REQUIRED DOCUMENTATION (continued)

If your baggage has been irretrievably lost by the airline please forward: Written confirmation from the Airline to confirm the baggage has been irretrievably lost.

If your baggage has been irretrievably lost by the airline please forward: Written confirmation from the Airline to confirm the amount of compensation due to you from them as a result of your lost baggage.

If you have suffered a theft or lost items during your trip please forward:
 The original police report to confirm you have reported the loss (as required)
 The local tour operator's representatives report into the incident (where available)
 Proof of pre-loss drawings/currency exchange for the money you are claiming for
 Vehicle damage report where the loss has occurred as a result of a break in to a vehicle
 Name, address and policy number of vehicle insurer (if any).

DETAILS OF CIRCUMSTANCES OF THE LOSS

Please indicate if items are	Lost <input type="checkbox"/>	Damaged <input type="checkbox"/>	Stolen <input type="checkbox"/>
Date of incident			
Time of incident			
Please describe fully how you believe the loss/damage occurred			
Was the property left unattended? If so, please confirm why and for how long?			
Who was responsible for the property at the time of the loss?			
If the theft was from your trip accommodation please confirm the details of the incident			
Was a safe available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was a safe used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Who had access to the trip accommodation?			

DETAILS OF CIRCUMSTANCES OF THE LOSS (continued)

If theft from a vehicle; was it?	Own vehicle <input type="checkbox"/>	Hired vehicle <input type="checkbox"/>
Make		
Model		
Registration number		
Where in the car had the items been placed?		
Property last seen		
Place		
Date		
Time		
Property discovered missing/lost or stolen		
Place		
Date		
Time		
Who did you report the incident to?	Airline <input type="checkbox"/>	Police <input type="checkbox"/>
	Hotel <input type="checkbox"/>	Accommodation provider <input type="checkbox"/>
		Coach Company <input type="checkbox"/>
		Tour Operators Representative <input type="checkbox"/>
Other (please provide full details)		
Date reported		
Time reported		
Contact details		
Name		
Address		
Contact number(s)		
Telephone/Fax		

BAGGAGE DELAY

Airline/Carrier	
Destination airport	
Date of arrival at airport	
Time	
How many cases did you take with you?	
How many cases failed to arrive?	
Who notified you when the cases had been recovered?	
Date when the case(s) delivered/collected	
Time of collection	
How many days and hours were you without your case(s)?	

