

 **Personal Effects and Money Claim Form**

 THANK YOU FOR NOTIFYING US OF YOUR CLAIM

 PLEASE COMPLETE ALL QUESTIONS - IF ANY QUESTION IS NOT APPLICABLE PLEASE STATE "N/A"

UNIVERSITY OF YORK

Policy No: 100003637GPA

Date on which Travel commenced:

Full Name of Person Covered: Date of Birth:

Title (Mr, Mrs, Miss, Ms, Dr, Prof): Job Title:

Nationality:

Full Address:

Postcode:

Tel No. (Business): (Home):

Email:

Full Names of other Persons Covered Date of Birth Relationship

1.

2.

3.

**PLEASE ENSURE YOU SIGN THE DECLARATION ON THIS CLAIM FORM**

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| **TRAVEL DETAILS** |
| Type of Travel: Business/Holiday |
| Please give date of loss/damage/theft:In which country did the loss/damage/theft occur: |
| Please give full details of how the loss/damage/theft occurred: (Specify location and whether from a building or vehicle) |
| To whom was the loss/damage/theft reported?(Please see notes below and provide a copy of this report.)On which date was the loss/damage/theft reported? |
| **If article(s) lost/stolen:**What steps were taken regarding recovery of the article(s)? Please provide any written evidence:**If article(s) damaged:**Please supply estimates for cost of repairs or a letter from reputable dealer confirming irreparably damaged. Please supply original receipts and replacement estimates/invoices. |
| Is any property lost/damaged/stolen, insured by any other company? YES/NO If Yes, please supply name, address, telephone number and policy number:Please supply name, address, telephone number and policy number of household contents insurer: |
| Has the Person Covered had any previous claims on this type of insurance? YES/NO If YES, please give full details with relevant dates: |

Notes

1. All losses must be reported to the local police and report obtained.
2. All losses or damaged property which occurred whilst in custody of airline must be reported and Property Irregularity Report Form obtained.

**PLEASE ENSURE THE 'PARTICULARS OF CLAIM' SECTION IS FULLY COMPLETED**

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| **PARTICULARS OF CLAIM** |  |
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| Full description of each item of property/money | State to whom property belonged | Date of purchase | Original cost price | Amount Deducted for depreciation/wear & tear | Amount claimed | Receipts/ Replacements Estimates(v) |
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|  |  |  |  |  | TOTAL SUM CLAIMED |  |  |  |

PLEASE ENSURE YOU PROVIDE ORIGINAL RECEIPTS AND REPLACEMENT ESTIMATES FROM A REPUTABLE RETAILER FOR ITEMS £100.00 OR OVER.

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| **DATA PROTECTION** |
| Information You or the Insured Person supplied may be used for the purposes of insurance administration by Us, its associated companies and agents, by reinsurers and Your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing of Our compliance with any regulatory rules/codes. Your and the Insured Person(s) information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, We or Our agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the Us (such as loss adjusters or investigators).With limited exceptions, and on payment of the appropriate fee, You or the Insured Person have the right to access and if necessary rectify information held. |

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| **DECLARATION** |
| I declare that the information given is to the best of my knowledge and belief, full, true and correct.Signed: Date:  |

PLEASE ENSURE

 You have completed ALL relevant questions on this claim form.

 You have enclosed all requested information/documentation.

You have signed this claim form.

Failure to do so will result in delay in handling your claim.

Please return the completed claim form together with any documentation to:

insurance-enquiries@york.ac.uk

Thank you for fully completing this form.