

Dear Claimant,

**Re: Personal Possessions / Personal Money Insurance Claim**

We are sorry that an incident has occurred during your trip but are pleased to be able to offer you a claim form online.

Please print out the claim forms and ensure they are fully completed by hand, signed and returned to us by post, together with the following documentation:

1. A print out of email confirmation for your Insurance. We are unable to process your claim unless we have this information.
2. The Tour Operators booking invoice or proof of travel and payment of trip. For internet bookings, this may be a print out of the email confirmation.
3. Used flight/travel tickets and airline baggage receipt tags (if claim for loss/damage of possessions whilst in the care of the airline)
4. Police/Airline or any other relevant reports\*.

**For lost, stolen or damaged items:**

5. Proof of ownership and value (e.g. original purchase receipts, valuation certificates obtained prior to the loss, credit/debit card statements, guarantee cards, instruction manuals etc.). For damaged items, please forward a repairer's estimate.

**For loss or theft of cash:**

6. Currency exchange slips or confirmation from your bank of the issue of foreign currency.
7. Documentary evidence of possession of sterling.

**\*ACCOMPANYING REPORTS**

Loss or theft of items must be reported to the police or other suitable authority (such as a hotel manager) within 24 hours of discovering the incident. Please enclose the original report.

Loss or damage caused by the carrier (airline etc) must be reported to them immediately and a Property Irregularity Report (PIR) obtained. Where this is not possible, a report must be made to them in writing within 7 days of the incident.

For delayed luggage, please make sure a written complaint is made to the Airline within 21 days of receiving the luggage.

Please note that in order for us to handle your claim as quickly and efficiently as possible, it is necessary that you answer all questions and forward **original** documents. We suggest that you retain photocopies of all relevant documents for your own records. **Please ensure you make it clear who you wish any payment to be made out to on the front of the claim form, if not the claimant.**



The address to return your completed claim forms and supporting documentation to is as follows:

Travel Claims Department  
Mondial Assistance (UK) Ltd  
Mondial House  
102 George Street  
Croydon  
CR9 1AJ

We look forward to hearing from you.

Yours faithfully,

Travel Claims Department  
Mondial Assistance (UK) Ltd

## CLAIM FORM

Claim Reference No:  
Please quote at all times.

Please ensure all boxes are completed accurately

### Personal Details

Surname:

Forename(s):

Title:  Date of Birth:

Address:

Occupation:

Daytime Tel No:

Postcode:

Evening Tel No:

National Insurance No:

E-mail Address:

Passport No:

Cheque to be made payable to:

### Insurance Details

Destination / Country of this Journey:

Date Journey Booked:

Date Insurance Purchased:

Date of Journey:

Date of Return:

Duration:  days

No. of People Insured:

Place Insurance Purchased:

Name of Tour Operator (if applicable):

### Teleclaims

In an effort to promote more customer friendly claims handling, we may wish to contact you by telephone between 9am and 5pm weekdays. Please confirm you are in agreement to this and provide any alternative telephone number.

Yes  No  Alternative Telephone Number:

Travel Claims Department  
Mondial Assistance (UK) Limited  
Mondial House  
102 George Street  
Croydon CR9 1AJ

Tel: + 44 (0)20 8603 9958

Fax: + 44 (0)20 8603 0285

email: [travel\\_claims@mondial-assistance.co.uk](mailto:travel_claims@mondial-assistance.co.uk)

Mondial Assistance (UK) Limited Registered in England no. 1710361 Mondial House, 102 George Street, Croydon CR9 1AJ  
VAT No. GB 344 9108 53 is authorised and regulated by the Financial Services Authority.

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POSSESSIONS, DELAYED POSSESSIONS, LOSS OF PASSPORT AND PERSONAL MONEY FORM

Please ensure original documents are enclosed as detailed in the enclosed letter

<b>All Claims</b>	Claim Reference No:	<input type="text"/>
<b>a)</b> Please advise the exact circumstances of how the loss/theft/damage/delay occurred:		
Date:	<input type="text"/>	Time: <input type="text"/>
<input type="text"/>		
<b>b)</b> To whom was the incident reported? Please forward original report issued or confirm why no reports have been made:		
<input type="text"/>		
<b>c)</b> Please confirm the precautions taken in order to secure your property:		
<input type="text"/>		
<b>d)</b> Have you received payments from any other source?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		
<input type="text"/>		

<b>e) Delayed Possessions Claims (only)</b>		
Date and time possessions recovered.	Date: <input type="text"/>	Time: <input type="text"/>

<b>All Claims</b>		
<b>f)</b> Have you made any previous claims, i.e. travel, household, motor.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>g)</b> Insurer name and address:	<input type="text"/>	
<input type="text"/>	Reference:	<input type="text"/>
<b>h)</b> Please provide the name, address and reference number of your annual household Insurance policy, if residing with parents, it is their insurance details we require.		
Insurer name and address:	<input type="text"/>	
<input type="text"/>	Reference:	<input type="text"/>

**i) Loss of Passport Only**

Please list expenses incurred:

Travel £  Accommodation £  Total claimed £

**j) Possessions / Delayed Possessions**

Owner of Property	Please provide exact description of item. Confirm make and model number, if applicable.	Place of Purchase	Date of Purchase	Original Purchase Price	Wear & Tear Deduction	Amount Claimed

*Please continue on a separate sheet if necessary*

Please total each persons claim in the boxes below:

Owners Initials  Owners Initials  Owners Initials  Owners Initials   
 Amount Claimed  Amount Claimed  Amount Claimed  Amount Claimed

**k) Personal Money**

Owner of Currency	Type of Currency	Rate of Exchange	Receipt Yes / No	Amount Claimed

Please total each persons claim in the boxes below:

Owners Initials  Owners Initials  Owners Initials  Owners Initials   
 Amount Claimed  Amount Claimed  Amount Claimed  Amount Claimed

**Declaration:** Insurers and their agents share information to prevent fraud and for underwriting purposes. It is a criminal offence to make a fraudulent claim. Cases are investigated and any person suspected of fraud is reported to the police with whom we always co-operate in effecting a prosecution. I/We declare that the information contained within this claim form is true and correct to the best of my/our belief. I/We assign to Insurers all rights of recovery/salvage against any person or organisation and will do whatever else is necessary to secure such rights. I/We agree that Insurers may contact our GP for more information if they deem it necessary.

Printed Name  Signature  Date