**Claim Number:** A claim number will be allocated once this form is returned



### **Claims Settlement Agencies Limited**

308-314 London Road, Hadleigh, Benfleet, Essex SS7 2DD Tel: 01702 842063 Fax: 01702 427173 email: info@csal.co.uk www.csal.co.uk

Please use the above address for ALL correspondence & quote the above Claim Number in ALL subsequent communication.

When the Claim Form is received we aim to process it in five working days.

If original documents are being sent, we recommend sending via Recorded Delivery.

Please ensure you keep copies for your own records if posting original documents.

This claim form is being provided to you as requested in order that you can make a claim for Baggage & Money under the terms and conditions of your travel insurance policy.

Below is a Document Check List – please ensure you provide the correct documentation when submitting your claim as failure to do so may cause delays.

We suggest you keep a copy of this claim form and other documents for your own records.

IMPORTANT DOCUMENT CHECK LIST		✓ PLEASE TICK					
Have you enclosed or previously provided the following documents?	Enclosed Previously sent Not available		Not available	Not applicable			
<b>CERTIFICATE OF INSURANCE</b> (or other proof of payment of insurance premium i.e. the Tour Operators booking invoice)							
HOLIDAY BOOKING INVOICE as issued by the booking Agent & Tour Operator (if applicable)							
AIRLINE or OTHER TICKETS and BAGGAGE CHECK TAGS							
EVIDENCE TO SUPPORT OWNERSHIP OF PERSONAL ITEMS this should include receipts for the items but if these are not available then;  • A certified copy of an original receipt from the supplier  • If the item was a gift, a letter from the donor confirming the purchase details  • Bank or Credit Card statements relating to the purchase  • Instruction booklets or guarantee certificates  • Photographs that may show items such as jewellery  Please note that Estimates for replacement are regrettably not acceptable							
<b>EVIDENCE TO SUPPORT DAMAGE</b> – please obtain a repairers' report of total loss or damage and current price. Please note that ALL salvage must be retained until the claim is concluded							
<b>EVIDENCE TO SUPPORT OWNERSHIP OF MONEY</b> - this can include evidence of conversion e.g. bank slip or if the loss is in respect of sterling, the relevant evidence e.g. bank statement, building society passbook, showing withdrawal of funds							
LOSS/DAMAGE REPORT from Police, Airline or other party							

## PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS – THANK YOU FOR YOUR CO-OPERATION

CLAIMANT DETAILS						
Q01. Claimant's details: Title:	First Name(s):	Surname:				
Q02. Date of Birth (DD/MM/YY):	Present Age:					
Q03. Occupation:						
Q04. Address:						
		Post Code:				
Q05. Home Tel:	Mob Tel:	Work Tel:				
Email:						

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HOLIDAY & INSURANCE DETAILS	ı						
Q06. Holiday booking date:	Period from:	Perio	d to:	mber of days:			
Q07. Number of people in your party: Q08. Holiday Country & Destination:							
Q09. Name of Travel Insurance provider:							
Q10. Travel Insurance Policy Number (as shown o	on your insurance schedule):						
Q11. Policy issue Date (very important):							
Q12. Method of payment for the holiday: Credit (	Card: Debit Card:	Cheque:	Cash: Other	:			
If credit card was used please provide detail:	s: Card Issuing Company:						
CLAIM DETAILS							
Q13. The date, time and place of your loss or damage: Date:  Time: am: pm:							
Place: Q14. The full details of how the loss or damage occurred and what action was taken by you:							
Q15. Who did you report the loss or damage to (	delete as necessary) and <i>please</i>	e include their repo	ort:				
Not reported: Police: Representa	ative: Hotel Managemen	t: Airline:	Coach: Ship	pping Company:	Other:		
Q16. Date of report:		Time of re	eport:	am: pm:			
Q17. Name and address of any witnesses:							
Q18. What items are you claiming for? Please complete the CLAIM SCHEDULE on the next page							
OTHER INSURANCE							
Q19. Do you have any other insurance that covers		·					
Name of policy holder:		Policy Number:					

**DATA PROTECTION NOTICE** 

Company Name & Address:

Personal Information – means information that identifies and relates to you or other individuals (i.e. your dependants). By providing Personal Information to Claims Settlement Agencies you give us permission for its use as described below. Full details about our use of Personal Information can be found in our full Privacy Notice at <a href="https://www.csal.co.uk/privacy-policy">www.csal.co.uk/privacy-policy</a> or you may request a copy using the contact details above.

NO:

Their ref (if known):

When providing Personal Information about another individual to us, you confirm that you are authorised to provide it for use as described below.

### Types of Personal Information we may collect and why:

Depending on our relationship with you, **Personal Information** collected may include:

Q20. Has this claim been submitted (or will it be) to the other insurer/airline? YES:

- identification and contact information,
- payment card and bank account,
- credit reference and scoring information,
- sensitive information about health or medical condition,
- and other Personal Information provided by you.

### Personal Information may be used for the following purposes:

- Insurance administration, (communications, claims processing and payment)
- Decision-making on provision of insurance cover and payment plan eligibility,
- Assistance and advice on medical and travel matters,
- Management and audit of our business operations,

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- Prevention, detection and investigation of crime, (fraud and money laundering)
- Establishment and defence of our legal rights,
- Legal and regulatory compliance, including compliance with laws outside your country of residence,
- Monitoring and recording of telephone calls for quality, training and security purposes.

#### **Sharing of Personal Information:**

**Personal Information** may be shared with our group companies, Brokers and other distribution parties, Insurers and Reinsurers, Credit Reference Agencies, healthcare professionals and other service providers. **Personal Information** may be shared with other third parties (including government authorities) if required by law. **Personal information** (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to detect and prevent fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

#### Security and retention of Personal Information:

Appropriate legal and security measures are used to protect **Personal Information**. All third party service providers are also selected carefully and required to use appropriate protective measures. **Personal Information** will be retained for the period necessary to fulfil the purposes described above.

#### International transfer:

Due to the nature of our business, **Personal Information** may be transferred to parties located in other countries with different data protection laws than in your country of residence.

#### Data requests:

To request access or correct inaccurate **Personal Information**, or to request the deletion or suppression of **Personal Information**, or object to its use, please e-mail: <a href="mailto:info@csal.co.uk">info@csal.co.uk</a> and mark for the attention of the Data Controller, or write to Data Controller, 308-314 London Road, Hadleigh, Benfleet, Essex SS7 2DD.

**DECLARATION** I declare that the whole of the statements made and any other supplementary statements forming part of this claim are true in every respect and understand that a false declaration may invalidate my claim and could result in prosecution. I give permission for my **Personal Information** to be used and shared in the ways described above. I confirm that I will not provide any **Personal Information** about another person without that person's permission.

### **CUSTOMER DECLARATION - To Be Completed By ALL Persons Claiming Aged Over 16**

Claims Settlement Agencies Ltd, agents and business partners may contact anyone who can give them information relevant to my claim. I/ We confirm that the information that I/ we give is true and if any of the information given by me/ us (or anyone on my/ our behalf) is incorrect, I/ we agree that such inaccuracy may cause me/ us to forfeit my/ our rights under the policy.

In the event of a Third Party being liable, on settlement of the claim I hereby subrogate my rights to the company to recover their costs. Payments: Subject to admission of liability, we will make payment in favour of the claimant (aged over 16) as detailed in question 01 above but if an alternative payee is required please state below. I/ We have read and fully understood the above declaration.

Insured Name	Signature	Date of Birth	Date of Signature

### Q18. CLAIM SCHEDULE - Please continue on a separate sheet if necessary

A FULL WRITTEN REPLY MUST BE GIVEN TO EACH QUESTION, TICKS AND DASHES WILL NOT SUFFICE AND MAY DELAY THE CLAIM

BAGGA	BAGGAGE & PERSONAL EFFECT ONLY							
(a) Initials of owner	(b)  Description of item and if damaged, type of damage	(c) Place of purchase (give name and location of shop and country if not UK or details of donor if presented as a gift)	(d) Date of purchase or approximate age	(e) Method of purchase Cash = csh Credit Card = cc Debit Card = dc Cheque = chq	<b>(f)</b> Original cost	(g) Present day value (allowing for use, wear and tear)	(h) Amount claimed	
								_

				TOTAL:					
				•					•
MONE	CLAIMS		1			1			
(a) Initials of owner	<b>b)</b> Type of currency	(c) Amount of currency	(d) Where obtained		(e) Date obtained		<b>(f)</b> Amoun	<b>(f)</b> Amount claimed	
			I.			1			
DETAIL	S OF OTHER INSURA	ANCES - Failure to	provide the ir	nformation requ	ested b	elow n	nay delay you	r claim	
company	nk accounts and credit ca ronce your claim is settle ive as possible, but the c	ed. A loss that is covere	d by more than o	one policy will routing	ely be sha	ared so e	ach Insurer can ke	eep their pre	emiums as
Name of	Bank / Building Society:								
Type of A	Account:								
Sort Code	e:			Account Number:					
Did you p	pay for your trip with a cr	edit card? YES: N	0:						
Card Nun	mber:			Card Type e.g. Platir	num / Go	ld / Prem	nier:		
Do you o	r any of the insured part	y have any other travel	insurance that m	ay cover you for this	claim? Y	ES:	NO:		
Name of	company:								

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Policy Number:

**BAGGAGE & MONEY CLAIM FORM** 

Claim Number: A claim number will be

### **SETTLEMENT DETAILS**

Claims payments made by BACS transfer or other electronic banking system will be made and credited to your account.

By entering your bank account details, you confirm that CSAL has your full authority to remit monies directly to that account by the BACS or other electronic banking system. You also accept that, providing payment remitted to the bank account designated by you, CSAL shall have no further liability or responsibility in respect of such payment, and that it shall be your sole responsibility to make collection of any misdirected payment.

Name of account holder:

Type of current account e.g. Platinum / Gold / Premier:

Name and address of Bank / Building Society:

Sort Code: Account Number:

	o		

Did you arrange your insurance via a broker? If so do you consent to us discussing your claim with them directly (if required)? YES:

NO:

Name of Broker: