

Baggage, Personal Effects and Money Claim Form

Please complete all relevant sections of this Claim Form and return to:

P J Hayman Claims Department, Stansted House, Rowlands Castle, Hampshire PO9 6DX

Email: claims@pjhayman.com



PJHayman

Claim Number (for office use only)

If you require a large print version, please call 02392 419 020

Please use **BLOCK CAPITALS** when filling in your form. If there is insufficient space for your answers please use a separate sheet.

Check List of Required Documents - for all claims

Please send the following to support your claim.

If you do not enclose all the documentation we have listed any settlement of your claim may be delayed.

Tick ✓ against documentation enclosed.

For all claims

- Insurance Schedule (if you have an Annual Insurance a copy would be sufficient).
- Holiday Booking invoice showing the date the holiday/trip was booked, who was booked to travel, travel dates, destination, amounts paid and purchase of your travel insurance (if applicable).
- The original receipts/proof of pre-loss purchase for the items you are claiming for. In the event you are claiming for delayed luggage please forward all the original receipts for the emergency purchases (we are unable to return the receipts for the emergency purchases).

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).
- Baggage delivery report/proof of delivery which will confirm the length of delay to your baggage (we are unable to return this document).
- Baggage tags and tickets.

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.
- Written confirmation from the airline to confirm the amount of compensation due to you from them as a result of the loss of your baggage whilst in their care.

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 within 24 hours of discovery of the loss (as required).
- The local tour operator's representative's report into the incident (where available).
- Proof of pre-loss drawings/currency exchange for the money you are claiming for.

Please Note - scan & photocopies are acceptable, however, we do always encourage you to retain the original documentation in case we require any particular documents to be sent in for inspection or retention. Examples where this would be required are high value claims (for prevention of fraud) where we are required to retain originals for a certain period of time.

Claimant/Contact Details:	Claimant Name: <input type="text"/>	Claimant Age: <input type="text"/>
Name of Person handling the claim: (if different to above) <input type="text"/>		
Address for Correspondence: <input type="text"/>		
<input type="text"/>	Postcode: <input type="text"/>	Tel No: <input type="text"/>
Email address: <input type="text"/>		

Planned Travel Dates:	Outward Journey Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Return Journey Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Country: <input type="text"/>	Destination: <input type="text"/>				

Insurance Policy Details:					
Name of Travel Insurance: (e.g. the name of your coach travel provider)	<input type="text"/>				
Travel Insurance Policy Number: <input type="text"/>	Date Insurance Purchased:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Insurance Policy: Yes No
Name of Insurer: Address:
 Policy Number:

Details of circumstances of the loss:

Indicate if items are **lost / damaged / stolen** (please delete as necessary)

Date of incident: Time of incident:

Please describe fully how you believe the loss/damage/theft occurred:

Was the property left unattended? If so, please confirm why and for how long (please attach a diagram where necessary)

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 No Was a safe used? Yes No

Who had access to the trip accommodation?

Property last seen:

Place

Date Time

Property discovered missing/lost or stolen:

Place

Date Time

If theft from a vehicle was it:

Own Vehicle Hired Vehicle Make
Model Registration Number

Where in the car had the items been placed?

Please supply Vehicle Damage Report to show vehicle broken into:

Name of Vehicle Insurer

Address of Vehicle Insurer

Policy Number

Data Protection Notice

Personal Information – means information that identifies and relates to you or other individuals (i.e. your dependants). By providing Personal Information to P J Hayman & Company Limited 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: www.pjhayman.com/documents/PJH_Privacy_policy.pdf or you may request a copy using the contact details provided.

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:

- 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,
- 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 email: customerservices@pjhayman.com and mark for the attention of the Data Controller, or write to Data Controller, The Old Theatre, Stansted House, Rowlands Castle, Hampshire PO9 6DX.

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

P J Hayman & Company Limited, 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 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

Settlement Method - Claims are paid by Bank Transfer.

Please complete the below to prevent us asking for this at a later date:

Bank Name/Address

Name on Account

Sort Code

Account Number