



Fogg Travel Insurance Services Limited

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PERSONAL LIABILITY CLAIM FORM



IMPORTANT - PLEASE READ THE FOLLOWING CAREFULLY AND ENCLOSE THE DOCUMENTS REQUESTED WITH THIS FORM

Please ensure that you complete any blank sections on this form as failure to do so may delay the processing of your claim. When this form has been fully completed, signed and dated, it should be returned to the address shown above.

In order to avoid any delay in payment of your claim you should ensure that the following documents are enclosed :-

1. Your original Travel Agents premium receipt and/or insurance certificate/policy document as confirmation that you purchased insurance.
2. Your Tour Operators holiday invoice and any other documentation requested in this form which relates to your claim.

The Insurance industry operates a number of anti-fraud initiatives which include TCEWS, operated by J S Management Ltd., and CUE, operated by Insurance Database Services Ltd. Details on these organisations can be provided on request.

Information given on this form may be stored electronically and shared with these organisations for this purpose. If you would prefer that the information given on this form is not used you should advise us.

THE DECLARATION ON THE REVERSE OF THIS PAGE MUST BE COMPLETED

YOUR TRAVEL CLAIM REFERENCE :

Always quote the above reference when contacting this office

PLEASE SECURELY ATTACH ALL SUPPORTING DOCUMENTATION TO THIS FORM

| | | | | |
|--|-----|--------------------------|----------------------|------------------------------------|
| 1. Insured (Full Name) | | | | Mr/Mrs/Miss/Mast/Other |
| 2. Occupation (of Insured) | | | | |
| 3. Full name of claimant (if different from above) | | | | 4. Date of Birth |
| 5. Address (full including post code) | | | | |
| 6. Private Tel. No. | | | 7. Business Tel. No. | |
| 8. State the name of the person to whom payment should be made | | | | |
| 9. Name and Address of the Travel Agent/Tour Operator | | | | |
| 10. Is this an Annual Policy? | YES | <input type="checkbox"/> | NO | If YES please state the policy No. |
| 11. Date of Booking | | | | 12. Policy issue date |
| 13. Departure date | | | | 14. Return date |
| 15. Country of holiday or journey destination | | | | |

YOUR TRAVEL CLAIM REFERENCE :

DETAILS OF CLAIM

- | | |
|---|-------------------------|
| 1. Date of incident | 2. Location of incident |
| 3. Name of person responsible for incident | |
| 4. Please give a full written description of the circumstances of the incident (please continue on a seperate sheet if necessary) Please provide a diagramatic explanation if relevant | |

HOME CONTENTS, PERSONAL POSSESSIONS AND ALL RISKS INSURANCE

Please provide the full name and branch address of your Home Contents/All Risks insurers and a photocopy of your up to date policy schedule. Where the insurance is incorporated as part of your mortgage, please supply the name and branch address of the bank/ building society concerned as well as the mortgage account number. Please ensure these details are supplied for each claimant.

- | | |
|--|--------------------------------|
| 1. Name of Insurer | 2. Policy/Mortgage account no. |
| 3. Address of Insurer | |
| 4. Postcode | |
| 5. Are you or will you be claiming under this or any other policy? If YES please provide further details | |

THIRD PARTY DETAILS

- | |
|---|
| 1. If this claim involves a Third Party please advise their name and address a) Name b) Address |
| 2. Do you believe the Third Party was responsible for this incident? YES/NO |
| 3. If YES please advise why? |
| 4. Has responsibility been accepted? If so, by whom and why? |
| 5. Please provide the names and addresses of any witnesses to this incident |

After completion of this form, please return it together with any documents or letters that you have received relating to the incident ie. from the third party, their insurers, the police or any other party. If you do receive any such papers please submit them to this office unanswered - please do not send any form of acknowledgement to whom ever has sent the papers to you. If you do so, you may prejudice your position with your insurers.

TO AVOID PAYMENT OF YOUR CLAIM BEING DELAYED PLEASE ENSURE THAT ALL DOCUMENTS REQUESTED ARE ENCLOSED AND ALL QUESTIONS HAVE BEEN ANSWERED

DECLARATION

I declare that these particulars are true and correct to the best of my knowledge

Signature

Date