L DAMAGE OR INJURY TO A THIRD PARTY FOR WHICH YOU ARE LEGALLY LIABLE

Travel Claims Facilities
PO Box 395
Monk Green Farm
Mangrove Lane
Hertford
SG13 9JW

Email: claims@tifgroup.co.uk
Web: www.tifgroup.co.uk/services/claims

Dear Customer,

In order that we can process your claim quickly, please complete all relevant sections of the claim form, giving as much detail as you can and **return it to us at the above address,** together with the following **ORIGINAL** documentation. Please note that in the interest of protecting ourselves from fraud we are unable to accept photocopied receipts or invoices.

We recommend that you keep your own copy of all documents forwarded to us.

To help you enclose the correct paperwork to support your claim we have put together a checklist. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim.

CHECKLIST OF DOCUMENTS REQUIRED

ALL CLAIMS

- DOCUMENTATION SHOWING YOUR TRAVEL DATES AND FULL COST OF THE TRIP (booking invoice)
- WRITTEN REPORT FROM THE POLICE OR THE TOUR OPERATORS REPRESENTATIVE
- WRITTEN REPORTS FROM ANY THIRD PARTIES OR WITNESSES OF THE INCIDENT
- **ALL** CORRESPONDENCE RELATING TO THE INCIDENT (preferably unanswered)
- A COPY OF YOUR PASSPORT OR DRIVING LICENCE

IF YOU HAVE PAID ANY SUMS FOR REPAIRS FOR DAMAGE CAUSED

- ORIGINAL INVOICES FOR ANY REPAIR OR REPLACEMENT ALREADY CARRIED OUT
- RECEIPTS FOR ANY PAYMENTS YOU HAVE ALREADY MADE

IF THIS IS A WINTER SPORTS CLAIM

- FULL DETAILS OF WITNESSES
- WRITTEN REPORT OF INCIDENT FROM PISTE REPRESENTATIVE OR RESORT REPRESENTATIVE
- WRITTEN MEDICAL REPORTS FOR ANY INJURED PERSONS

You should note that all the information provided to us on this form will be stored electronically in accordance with The Data Protection Act and shared with the Insurance Industry Fraud Prevention Unit. If you make a fraudulent or intentionally exaggerated claim this will invalidate your claim and we will pursue a recovery through the civil courts in all cases.

We do understand that it may take time to collect all the documentation required but please try to submit your claim as soon as possible after the event.

Yours faithfully

Travel Claims Facilities

CLAIM FOR PERSONAL LIABILITY – Claim Reference Number: TBA

Please complete all sections of this form and check the list of additional documents you need to send in order that we can assess your claim. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim.

TO BE COMPLETED BY THE CLAIMANT – the person who caused the damage

Title:

First Name: **Surname:**

Address:

Post Code:

Telephone: **Date of Birth:** DD / MM / YY

Email:

DETAILS OF THE INSURANCE POLICY

Where / who did buy your insurance from:

Policy name: **Date Policy Issued:** DD / MM / YY

Policy number:

Found on Schedule, Certificate, or Booking Invoice

Destination: i.e. Europe / Worldwide

DETAILS OF TRIP

Travel Agent / Tour Operator:

Date Trip Booked: DD / MM / YY **Date final balance paid:** DD / MM / YY

Method of payment (cash, cheque, debit card, credit card)**:**

Please confirm your original travel dates: **From:** DD / MM / YY **To:** DD / MM / YY

DETAILS OF CLAIM

Date incident happened: DD / MM / YY **Time of Incident:** HH / MM

Please describe in detail the circumstances leading up to this claim. Please try to include dates and times. You should give as much information as possible and the reason why you feel you are or are not liable for this incident (please continue on the reverse should you need further space)**:**

CLAIM FOR PERSONAL LIABILITY – Claim Reference Number: TBA

Please complete all sections of this form and check the list of additional documents you need to send in order that we can assess your claim. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim.

THIRD PARTIES INVOLVED

Name:	Please print	**Name**:	
Address:		**Address:**	
Post Code:		**Post Code:**	
Telephone:		**Telephone:**	
Email:		**Email:**	

WITNESSES

Name:	Please print	**Name:**	Please print
Address:		**Address:**	
Post Code:		**Post Code:**	
Telephone:		**Telephone:**	
Email:		**Email:**	

Name:	Please print	**Name:**	
Address:		**Address:**	
Post Code:		**Post Code:**	
Telephone:		**Telephone:**	
Email:		**Email:**	

DETAILS OF YOUR HOME INSURANCE (CONTENTS AND PERSONAL POSSESSIONS)

Name of Insurer: **Policy number:**

Insurers Address:

Post Code:

Will you be making a claim under this policy: Yes: No:

If YES, please supply the claim reference number:

CLAIM DECLARATION:

- ✓ I/We declare that all the details provided above are true and accurate to best of my knowledge.
- ✓ I/We give consent for Travel Claims Facilities to seek recovery of monies paid where other insurers cover the same risk, or from third parties who may be held liable.
- ✓ I/We understand that details of this claim may be passed to the insurance industries central claim register
- ✓ I/We understand that if a claim is found to be fraudulent of exaggerated that this will invalidate the whole claim and Travel Claims Facilities may seek to recover any costs through the civil courts.
- ✓ I/We understand that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Travel Claims Facilities or the underwriters of the policy will accept the responsibility if any payments are not distributed proportionately to the persons concerned.

Once you have read and agreed to the above declarations, please sign and date below.

Signature of patient or
Signature of next of kin **Date:** DD / MM / YY

Please print name:

If next of kin, please advise your relationship to the patient:

Travel Claims Facilities
PO Box 395
Monks Green Farm
Mangrove Lane
Hertford
SG13 9JW

Email: claims@tif-plc.co.uk
Web: www.tifgroup.co.uk

SETTLEMENT BY BACS

For your convenience and to offer an efficient smoother service, we will pay any claim settlement due directly into your bank account. Please provide your details on this form, remembering to sign and date below.

PLEASE NOTE THAT WE WILL NOT ISSUE PAYMENTS BY CHEQUE AS THESE WILL TAKE LONGER TO PROCESS, WE APOLOGISE FOR ANY INCONVENIENCE CAUSED.

YOUR DETAILS

Name of Claimant

BANK ACCOUNT DETAILS

Name of Payee

This should be the same as held on the bank account

Bank Name

Bank Address

Bank Address

Bank Address

Country **Post Code**

Bank Account number

Sort Code - -

Signed **Dated**

If your bank account is held abroad, please also enter the following details:

IBAN / BIC number

Swift code

We do not accept liability for any errors due to the incorrect bank details being provided by you.

Office Use Only	£	Auth:	Dated: