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**PERSONAL POSSESSIONS, PERSONAL MONEY  
TRAVEL DOCUMENTS, REPLACEMENT PASSPORT  
DELAYED ARRIVAL OF BAGGAGE**



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

Email: [claims@tifgroup.co.uk](mailto:claims@tifgroup.co.uk)  
Web: [www.tifgroup.co.uk/services/claims](http://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)
- ORIGINAL PURCHASE RECEIPTS FOR THE ITEMS BEING CLAIMED FOR
- A COPY OF YOUR PASSPORT OR DRIVING LICENCE TO CONFIRM IDENTITY.
- A COPY OF YOUR HOME INSURANCE CONTENTS COVER SCHEDULE (where applicable)

**FOR GENERAL LOSS OR DAMAGE CLAIMS OF PERSONAL POSSESSIONS**

- A WRITTEN REPORT FROM THE POLICE / TOUR OPERATORS REPRESENTATIVE / HOTEL OR ACCOMMODATION PROVIDER
- A REPAIR ESTIMATE OR CONFIRMATION THAT THE ITEM IS BEYOND ECONOMICAL REPAIR FROM A REPUTABLE RETAILER, OR PLEASE SEND THE DAMAGED ITEM SEPARATELY FROM THIS FORM TO THE FOLLOWING ADDRESS; **PLEASE SEND YOUR DAMAGED ITEM TO THE RECOVERIES DEPARTMENT, TRAVEL INSURANCE FACILITIES, 1 TOWER VIEW, KINGS HILL, WEST MALLING, KENT, ME19 4UY.** (Please ensure all items are labelled appropriately with your policy number and contact details).
- PROOF OF VALUE AND OWNERSHIP OF ITEMS BEING CLAIMED FOR

**FOR LOSS OR THEFT OF PERSONAL MONEY**

- POLICE REPORT
- FOREIGN EXCHANGE RECEIPT / PROOF OF MONEY WITHDRAWAL

**FOR LOSS OR THEFT OF TRAVEL DOCUMENTS**

- CONSULAR CONFIRMATION OF REQUIREMENT TO REPLACE THEM AND TRAVEL TICKETS AND RECEIPTS TO OBTAIN REPLACEMENTS
- POLICE REPORT
- THE DATE OF PURCHASE OF YOUR ORIGINAL PASSPORT

**FOR LOSS OR DAMAGE BY A CARRIER**

- FOR LOSS OF PROPERTY – A PROPERTY IRREGULARITY REPORT (PIR) / DAMAGE REPORT LETTER FROM THE AIRLINE CONFIRMING THE GOODS ARE PERMANENTLY LOST
- AIRLINE BAGGAGE TAGS

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 POSSESSIONS / MONEY – 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

Title:	<input type="text"/>		
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
Post Code:	<input type="text"/>		
Telephone:	<input type="text"/>	Date of Birth:	<input type="text" value="DD / MM / YY"/>
Email:	<input type="text"/>		

### DETAILS OF THE INSURANCE POLICY

Where / who did buy your insurance from:

Policy name:	<input type="text"/>	Date Policy Issued:	<input type="text" value="DD / MM / YY"/>
Policy number:	<input type="text"/>		
<small>Found on Schedule, Certificate, or Booking Invoice</small>			
Destination:	<input type="text" value="i.e. Spain/USA/Thailand"/>		

### DETAILS OF TRIP

Travel Agent / Tour Operator:	<input type="text"/>			
Date Trip Booked:	<input type="text" value="DD / MM / YY"/>	Date final balance paid:	<input type="text" value="DD / MM / YY"/>	
Method of payment (cash, cheque, debit card, credit card):	<input type="text"/>			
Please confirm your original travel dates:	From:	<input type="text" value="DD / MM / YY"/>	To:	<input type="text" value="DD / MM / YY"/>

### DETAILS OF CLAIM

PLEASE GIVE A FULL DESCRIPTION OF THE CIRCUMSTANCES SURROUNDING THE LOSS:

Time and date of incident Date:	<input type="text" value="DD / MM / YY"/>	-	<input type="text" value="HH / MM"/>
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WHERE WERE THE ITEMS AT THE TIME OF THE LOSS/THEFT OR DAMAGE:

<input type="text"/>
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## CLAIM FOR PERSONAL POSSESSIONS / MONEY – 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.

### DESCRIBE WHAT ACTIONS YOU TOOK TO RECOVER YOUR PROPERTY:

Who did you report the loss to:

Time and date of incident:

DD / MM / YY - HH / MM

### DETAILS OF YOUR HOME INSURANCE (CONTENTS, PERSONAL POSSESSIONS AND ALL RISKS)

Name of Insurer:

Policy number:

Address of Insurer:

Post Code:

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

If YES, please supply the claim reference number:

Please complete this section if your money has been lost or stolen.

### PERSONAL MONEY

PERSON CLAIMING	AMOUNT OF STERLING LOST	AMOUNT OF FOREIGN CURRENCY	OTHER/S

Please complete this section if you have incurred expenses in replacing your passport. Please note that the actual cost of replacing your new passport may not be covered (please refer to your policy wording):

### EXPENSES INCURRED WHILST TRAVELLING TO REPLACE YOUR PASSPORT

Additional Travel costs incurred:

PERSON CLAIMING:	DATE:	ADDITIONAL TRAVEL COSTS:	OTHER

Additional Accommodation Costs incurred:

PERSON CLAIMING:	DATE:	ADDITIONAL ACCOMODATION COSTS:	OTHER COSTS:

## CLAIM FOR PERSONAL POSSESSIONS / MONEY – 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.

### PERSONAL POSSESSIONS:

Please list all items lost, stolen or damaged, with an estimate for the cost of repair if applicable, a valuation for proof of value and the original date of purchase. PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY.

DESCRIPTION:	DATE PURCHASED:	PRICE PAID:	CURRENCY:	CURRENT VALUE: (estimated)	OWNER: (initials)
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
	DD / MM / YY				
			<b>TOTAL:</b>		

Please complete this section if your luggage was delayed by the airline

### DELAYED BAGGAGE

Date and time you arrived at your trip destination: Date: DD / MM / YY Time: HH / MM

Date and time you received your luggage: Date: DD / MM / YY Time: HH / MM

Length of delay: HH / MM Flight Number:

Have you received any compensation for your carrier? Yes:  No:  If Yes: £

Your policy offers cover for the purchase of essential items if your luggage has been delayed by the carrier. Please list all the items you have bought below, and attach the original receipts:

Description:	Date purchased:	Price paid:	Currency:	Owner: (initials)
	DD / MM / YY			
	DD / MM / YY			
	DD / MM / YY			
	DD / MM / YY			
	DD / MM / YY			
	DD / MM / YY			

### 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 or exaggerated that this will invalidate the whole claim and Travel Claims Facilities may seek to recover any costs through the civil courts.
- ✓ I/We confirm 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 no 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.

Signed: \_\_\_\_\_ Dated: DD / MM / YY

Please print name: \_\_\_\_\_



Travel Claims Facilities  
 PO Box 395  
 Monk Green Farm  
 Mangrove Lane  
 Hertford  
 SG13 9JW  
 Email: [claims@tif-plc.co.uk](mailto:claims@tif-plc.co.uk)  
 Web: [www.tif-plc.co.uk](http://www.tif-plc.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: