



Legal Expenses/ Liability Claim

In order to support the process of your legal expenses/ liability, we have put together a checklist to ensure you include the correct paperwork to support your claim. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim.

Please note if you cancel the entire trip due to a delay of over 24 hours, you will need to complete a cancellation claim form rather than this one.

Your Checklist of Documents Required

Please Note: We do not require original receipts, passports, EHIC's, death certificates or CD's for the initial claims set up, a top tip is to take a clear photo of your receipts and email them over to us.

Please ensure you keep the originals safe in case we do still require them.

No need to staple your papers either; the full contents of each envelope we receive are immediately scanned onto our computer system, and having to remove staples may damage the papers which could delay your claim!

Liability – if you are being held responsible by another person or persons for damage or injury caused:

- Any correspondence from the other party or their representatives
- Any official reports of the event from police or other official entities
- Any photographic evidence of damage or injuries
- If damage, any estimates and / or invoices for repair
- If bodily injury, any medical reports

Legal Expenses – if you suffered bodily injury that you believe was due to the negligence of an individual or organisation:

- Any official reports of the event from police or other official entities
- Photographic evidence of your injuries
- Medical reports whether at the time of the event or subsequent
- If the injury was due to a fault in a structure / device / surface etc, photos that show the fault

Please consider the environment before printing this checklist. We **do not** require the checklist to be printed and returned.

Legal Expenses/ Liability Claim



Email: claims@tifgroup.co.uk

Post: tifgroup Claims, 1 Tower View, Kings Hill, West Malling, Kent, ME19 4UY

Top Tip: If you tap or click the box you can type away & email your claims form with the relevant documents to us.

Claims Reference Number, if already known:	
--	--

Details of the Claimant

Title:		First Name:		Last Name:	
Address:					
Post Code:		Email Address:			
Date of Birth:		Telephone:			
Bank Name:		Name on Account:			
Account Number:		Account Type: (e.g. premier, gold, reward)			
Sort Code:		SWIFT/BIC (for payments outside of the UK)			
IBAN (International Bank Account Number):					

For your convenience and to offer an efficient smoother service, we will pay any claim settlement due directly into your bank account. *We do not accept liability for any payment misdirection or delay due to the incorrect bank details being provided by you.*

Details of the Insurance Policy and Trip

Policy Number:		Date of Issue:	
Insurance Company Name:		Date Trip Booked:	
Policy Cover Level (e.g. silver, gold, standard etc.)		Destination:	
Trip Date From:		To:	
Do you or any of the insured party have any other travel insurance cover? If yes give details.			

Details of Your Home Insurance (Contents and Personal Possessions)

Name of Insurer:			
Policy Number:			
Insurer Address:		Postcode:	
Will you be making a claim under this policy?	Yes	No	
If yes , please supply the claim reference number:			

Details of Claim

Date Incident Happened:		Time of Incident:	
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 – please submit an extra word document if you run out of space.			

Third Parties Involved

First Name:		Last Name:	
Address:			
Post Code:		Phone Number:	
Email Address:			

First Name:		Last Name:	
Address:			
Post Code:		Phone Number:	
Email Address:			

Witnesses

First Name:		Last Name:	
Address:			
Post Code:		Phone Number:	
Email Address:			



First Name:		Last Name:	
Address:			
Post Code:		Phone Number:	
Email Address:			

First Name:		Last Name:	
Address:			
Post Code:		Phone Number:	
Email Address:			

First Name:		Last Name:	
Address:			
Post Code:		Phone Number:	
Email Address:			

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 tifgroup 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 tifgroup 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 tifgroup or the underwriters of the policy will accept the responsibility if any payments are not distributed proportionately to the persons concerned.

Signature:		Date:	
Print Name:			

Consent

I give my authority for you to communicate with the following people who I may wish to contact you, or to be a point of contact for me, whilst my claim is being finalised.

Full Name:	
Full Name:	

Your Signature:		Date:	
-----------------	--	-------	--