

**Personal Effects /
Money Claim Form**

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PLEASE USE BLOCK CAPITAL LETTERS USING BLACK INK

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| Name of Policyholder: UNIVERSITY OF LEEDS | Policy No: 100003814GPA |
| Full Name of Claimant (including title): |
| Address: |
| Email address: |
| Full Name of any other Person(s) covered by this Policy: |
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| **Travel Details** |
| Date of Trip:  | Planned Return Date: | Type of Travel: BUSINESS/HOLIDAY |
| Date of Loss/Damage or Theft:In which country did the loss/damage/theft occur:Please give full details of how the loss/damage/theft occurred:To whom was the loss/damage/theft reported? (Please provide a report from the Police, Hotel, Airline or individual to whom the incident was reported)On which date was the incident reported:**IF ARTICLE(S) LOST/STOLEN**:What steps were taken regarding recovery of the article(s)Please provide any written evidence**IF ARTICLE(S) DAMAGED**Please supply estimates for cost of repair or a letter from a reputable dealer confirming irreparably damaged**Please supply receipts for original items if available. You must also provide replacement estimates/receipts**Is any property lost/damaged/stolen insured by any other company YES/NOIf YES, please supply name, address and policy numberPlease supply name, address and policy number of household contents insurers:Have you had any previous claims on this type of insurance? YES/NOIf YES, please give details with relevant dates |
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PARTICULARS OF CLAIM

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|  Full Description of each item lost, damaged or stolen | State to Whom it belonged | Date of Purchase | Amount Claimed for Repair/Replace-ment | Receipts/Replacement Estimates Attached🗹 |
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| Total Claimed: |

PLEASE NOTE AN EXCESS OF £100 WILL BE DEDUCTED TO THE TOTAL SETTLEMENT AMOUNT

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| **PAYEE’S BANK DETAILS** – When the claim has been approved, the settlement payment will be credited to your bank account. This payment method is both speedier and safer than by cheque. **PLEASE COMPLETE THE FOLLOWING** |
| Name of your Bank/Building Society \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Bank Sort CodeAccount Number: Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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| **Disclaimer** - To be signed by the person giving rise to the claim Country of Incident: Date of Incident: National InsuranceNumber:Your Nationality:  Date: Signature: Full name of the person who completed this form: Date of Birth: |
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Please email this claim form to avivatravelclaims@cegagroup.com **together with your planned travel itinerary, Police report in the event of theft, and receipts/estimates for repair or replacement.**