

**Personal Effects /   
Money Claim Form**

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Email- [avivatravelclaims@cegagroup.com](mailto:avivatravelclaims@cegagroup.com)

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/NO  If YES, please supply name, address and policy number  Please supply name, address and policy number of household contents insurers:  Have you had any previous claims on this type of insurance? YES/NO  If 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | |  |  |  |     Bank Sort Code  Account 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 Insurance  Number:  Your Nationality:    Date:  Signature:  Full name of the person who completed this form:      Date of Birth: |
|  |

Please email this claim form to [avivatravelclaims@cegagroup.com](mailto:avivatravelclaims@cegagroup.com) **together with your planned travel itinerary, Police report in the event of theft, and receipts/estimates for repair or replacement.**