



**ACE European Group**  
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# Claim Form

PERSONAL EFFECTS AND MONEY

**PLEASE USE BLOCK CAPITAL LETTERS USING BLACK INK AND ENSURE YOU SIGN THE DECLARATION ON THIS FORM.**

THANK YOU FOR NOTIFYING US OF YOUR CLAIM. PLEASE COMPLETE **ALL** QUESTIONS - IF ANY QUESTION IS NOT APPLICABLE PLEASE STATE 'N/A'

|  |  |                        |                                |
|--|--|------------------------|--------------------------------|
| NAME OF POLICYHOLDER   |  | CERTIFICATE/POLICY NO. |                                |
| INSURED PERSON FORENAME(S)<br>(MR/MRS/MISS/MS)   |  | INSURED PERSON SURNAME |                                |
| FULL ADDRESS   |  |                        |                                |
|  |  | POSTCODE               | DATE OF BIRTH                  |
| TELEPHONE NO. BUSINESS   |  | TELEPHONE NO. HOME     |                                |
| FOR SECURITY PURPOSES PLEASE PROVIDE A PASSWORD WHICH WILL BE REQUIRED TO ACCESS YOUR CLAIM INFORMATION: |  | E-MAIL ADDRESS         |                                |
| FULL NAME OF CLAIMANTS   |  | DATE OF BIRTH          | RELATIONSHIP TO INSURED PERSON |
| 1  |  |                        |                                |
| 2  |  |                        |                                |
| 3  |  |                        |                                |
| 4  |  |                        |                                |

## TRAVEL DETAILS

Type of Travel: BUSINESS/HOLIDAY \_\_\_\_\_

Please give date of loss/damage/theft: \_\_\_\_\_

In which country did the loss/damage/theft occur: \_\_\_\_\_

Please give full details of the loss/damage/theft: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To whom was the loss/damage/theft reported? (please see notes below and provide a copy of this report.) \_\_\_\_\_

\_\_\_\_\_

On which date was the loss/damage/theft 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 repairs or a letter from a reputable dealer confirming irreparably damaged.

Please supply receipts - if not available please supply replacement estimates/invoices.

Is any property lost/damaged/stolen insured by any other company? YES / NO

If YES, please supply name, address, telephone number and policy number: \_\_\_\_\_

\_\_\_\_\_

Please supply name, address, telephone number 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PAYEE'S BANK DETAILS** WHEN THE CLAIM HAS BEEN APPROVED YOU MAY HAVE THE PAYMENT CREDITED DIRECT TO YOUR BANK ACCOUNT. THIS PAYMENT METHOD IS BOTH SPEEDIER AND SAFER THAN BY CHEQUE. IF YOU WOULD LIKE TO TAKE ADVANTAGE OF THIS ARRANGEMENT THEN PLEASE COMPLETE THE FOLLOWING:-

Name of your Bank/Building Society: \_\_\_\_\_

*Bank*

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Bank Sort Code (from the top right hand corner of your cheque)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Account Number \_\_\_\_\_

Account Name(s) \_\_\_\_\_

**DATA PROTECTION** In order to administer your claim, this information will be used by ACE European Group Limited and its group companies. It may be held on computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

**DECLARATION** I DECLARE THAT ALL THE INFORMATION GIVEN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, FULL TRUE AND CORRECT.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

**CHECKLIST** PLEASE RETURN THE COMPLETED CLAIM FORM TOGETHER WITH ANY ENCLOSURES TO YOUR INSURANCE BROKER OR TO ACE EUROPEAN GROUP LIMITED. PLEASE ENSURE...

- YOU HAVE COMPLETED ALL RELEVANT QUESTIONS ON THIS CLAIM FORM
- YOU HAVE ENCLOSED ALL REQUESTED INFORMATION/DOCUMENTATION
- YOU HAVE SIGNED THIS CLAIM FORM .

AS FAILURE TO DO SO WILL RESULT IN DELAY IN HANDLING YOUR CLAIM

Thank you for fully completing this claim form.

