



PERSONAL BAGGAGE CLAIM FORM

Please include below:

ROCKLEY ADVENTURE REF (6 digit)
 (This can be obtained from your Group Leader)

Name of School:

IMPORTANT - PLEASE READ THE FOLLOWING CAREFULLY AND ENCLOSE THE DOCUMENTS REQUESTED WITH THIS FORM

Please ensure that you complete any blank sections on this form as failure to do so may delay the processing of your claim. When this form has been fully completed, signed and dated, it should be returned to the address shown above.
 In order to avoid any delay in payment of your claim you should ensure that the following documents are enclosed :-

1. Your original Travel Agents premium receipt and/or insurance certificate/policy document as confirmation that you purchased insurance.
2. Your Tour Operators holiday invoice and any other documentation requested in this form which relates to your claim.

The Insurance industry operates a number of anti-fraud initiatives which include TCEWS, operated by J S Management Ltd., and CUE, operated by Insurance Database Services Ltd. Details on these organisations can be provided on request.
 Information given on this form may be stored electronically and shared with these organisations for this purpose. If you would prefer that the information given on this form is not used you should advise us.

THE DECLARATION ON THE REVERSE OF THIS PAGE MUST BE COMPLETED

YOUR TRAVEL CLAIM REFERENCE :

Always quote the above reference when contacting this office

PLEASE SECURELY ATTACH ALL SUPPORTING DOCUMENTATION TO THIS FORM

1. Insured (Full Name)		Mr/Mrs/Miss/Mast/Other
2. Occupation (of Insured)		
3. Full name of claimant (if different from above)		4. Date of Birth
5. Address (full including post code)		
6. Private Tel. No.		7. Business Tel. No.
8. State the name of the person to whom payment should be made		
9. Name and Address of the Travel Agent/Tour Operator	ROCKLEY ADVENTURE, 13 Parkstone Road, Poole, BH15 2NN	
10. Is this an Annual Policy?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/> If YES please state the policy No. SJTSA40072-15 A & B
11. Date of Booking		12. Policy issue date 1 JAN 2012
13. Departure date		14. Return date
15. Country of holiday or journey destination		

YOUR TRAVEL CLAIM REFERENCE :

Details of money Lost/Stolen

Does your claim fall under this section? YES/NO If YES please complete the section below

1. Are you the sole owner of the money under claim? YES/NO
If NO please state the name of the owner(s)

2. Amount Lost	Type of Currency	Amount Claimed	Owner

Personal Possessions - Theft, Loss or Damage

Does your claim fall under this section? YES/NO If YES please complete the questions below

3. Date of the Loss, Theft or Damage

4. State whether Lost, Stolen or Damaged

5. State fully the circumstances and the manner in which the Loss, Theft or Damage occurred (continue on a separate sheet if necessary)

Details of items Lost, Stolen or Damaged

Purchase receipts or other evidence to substantiate the amounts under claim must be enclosed

6. Description of articles	Name of owner	From whom obtained	Date aquired	Original purchase price	Amount claimed after deduction for age, use wear and tear

Where necessary please continue on page three

YOUR TRAVEL CLAIM REFERENCE :**Details of items Lost, Stolen or Damaged**

Purchase receipts or other evidence to substantiate the amounts under claim must be enclosed

6. Description of articles	Name of owner	From whom obtained	Date aquired	Original purchase price	Amount claimed after deduction for age, use wear and tear

Where necessary please continue on a separate sheet of paper

DOCUMENTATION REQUIRED (To be supplied at the claimants expense)

1. Receipts or valuations of Lost, Stolen or Damaged item(s). If unavialable, documentation must be supplied to assist in proof of the value and ownership of the item(s) concerned.
2. If claim is for damage, you must provide a repair estimate or confirmation from the repairer that the item concerned is beyond repair. All salvage should be retained for inspection.
3. If the claim is for baggage Lost, Stolen or Damaged whilst in custody of an airline, please supply your baggage tags and flight tickets.
4. If claim is for Delayed, Lost, Stolen or Damaged baggag ein transit, please forward the Property Irregularity Report with (in the case of delayed baggage) confirmation from the Tour Operators's representative of the time the luggage was delivered.
5. If the claim is for Lost or Stolen money you must enclose confirmation from a abank etc. of the issue of foreign currency. In the case of Sterling, documentary evidence of possession must be supplied.
6. Written reports from the Police or the Carrier.

PREVIOUS LOSSES

1. Have you previously sustained any loss of or damage to personal property or money? YES/NO

2. If YES, was a claim made under any insurance?
If YES, please advise the Name and Address of the Insurers and their claim number

3. Date of Loss

4. Amount paid

5. Nature of Loss

YOUR TRAVEL CLAIM REFERENCE :

AUTHORITIES NOTIFIED

Your policy requires you to notify the incident to the appropriate authority e.g. Police, Airline, Railway, Shipping Line etc. Confirmation of this must be enclosed.

State to whom you reported the incident

Name _____
Address _____
Date of notification _____
What was the result? _____

HOME CONTENTS, PERSONAL POSSESSIONS AND ALL RISKS INSURANCE

Please provide the full name and branch address of your Home Contents/All Risks insurers and a photocopy of your up to date policy schedule. Where the insurance is incorporated as part of your mortgage, please supply the name and branch address of the bank/building society concerned as well as the mortgage account number. Please ensure these details are supplied for each claimant.

- | | |
|---|--------------------------------|
| 1. Name of Insurer | 2. Policy/Mortgage account no. |
| 3. Address of Insurer | |
| 4. Postcode | |
| 5. Are any items for which you are claiming specified on this policy? If YES please indicate which items. | |
| 6. Are you or will you be claiming under this or any other policy? if YES please provide further details. | |

MISCELLANEOUS SECTION

Please add any additional information you may feel necessary

TO AVOID PAYMENT OF YOUR CLAIM BEING DELAYED PLEASE ENSURE THAT ALL DOCUMENTS REQUESTED ARE ENCLOSED AND ALL QUESTIONS HAVE BEEN ANSWERED

DECLARATION

I declare that these particulars are true and correct to the best of my knowledge

Signature

Date