## Baggage, Personal Effects and Money Claim Form

Please complete all relevant sections of this Claim Form and return to: P J Hayman Claims Department, Stansted House, Rowlands Castle, Hampshire P09 6DX Email: claims@pjhayman.com
Claim Number for office use only)
If you require a large print version, please call <b>02392 419 020</b> Please use <b>BLOCK CAPITALS</b> when filling in your form. If there is insufficient space for your answers please use a seperate sheet.
Check List of Required Documents - for all claims Please send the following to support your claim. If you do not enclose all the documentation we have listed any settlement of your claim may be delayed. Tick / against documentation enclosed  For all claims Insurance Schedule (if you have an Annual Insurance a copy would be sufficient).  Holiday Booking invoice showing the date the holiday/trip was booked, who was booked to travel, travel dates, destination, amounts paid and purchase of your travel insurance (if applicable).  The original receipts/proof of pre-loss purchase for the items you are claiming for, in the event you are claiming for delayed luggage please forward all the original receipts for the emergency purchases (we are unable to return the receipts for the emergency purchases).  Claims for damaged items  Written confirmation from a trade's person to confirm the cost to repair the item or to confirm the item is beyond economical repair.  Claims where an airline/carrier is involved  Incident report to confirm the loss/damage or delay has been reported to the carrier (as required) in the event the incident involves an airline this document is a Property Irregularity Report or PIR (we are unable to return this document).  Baggage delivery report/proof of delivery which will confirm the length of delay to your baggage (we are unable to return this document).  Baggage tags and tickets.  If your baggage has been irretrievably lost by the airline please forward  Written confirmation from the airline to confirm the baggage has been irretrievably lost  Written confirmation from the airline to confirm the amount of compensation due to you from them as a result of the loss of your baggage whilst in their care  If you have suffered a their or lost items during your trip please forward  The original Police report to confirm you have reported the loss within 24 hours of discovery of the loss (as required)  The original Police report to confirm you have reported the loss within 24 hours of discovery of the loss (
Claimant/Contact Details: Claimant Name: Claimant Age:
Name of Person handling the claim: (if different to above)
Address for Correspondence:
Postcode: Tel No:
Email address:
Planned Travel Dates: Outward Journey Date: D D M M Y Y Return Journey Date: D D M M Y Y  Country: Destination:
Insurance Policy Details: Name of Travel Insurance: (e.g. Travel Plus)  Travel Insurance Policy Number: Date Insurance Purchased: D D M M Y Y
Previous Insurance Losses: Have you had any previous insurance losses in the past 5 years (e.g. household, travel, motor)?  If yes, please provide details of the loss, together with the name of the insurance company and the claim number

Other Insurance Policy:		Yes No
Name of Insurer:	ress:	
	Policy Number:	
Details of circumstances of the loss:		
Indicate if items are lost / damaged / stolen (please delete as necessary)		
Date of incident:	: H H M M	
Please describe fully how you believe the loss/damage/theft occurred:		
Was the property left unattended? If so, please confirm why and for ho	ow long (please attach a diagram where necessary)	)
Who was responsible for the property at the time of the loss?		
If the theft was from your trip accommodation please confirm the deta	ils of the incident	
Was a safe available? Yes No Was a safe used	d? Yes No	
Who had access to the trip accommodation?		
Property last seen:		
Place Date DDMMMYYY Time H H M D	M	
Property discovered missing/lost or stolen:	WI .	
Place		
Date D D M M Y Y Time H H M	M	
If theft from a vehicle was it:		
Own Vehicle Hired Vehicle Make		
Model	Registration Number	
Where in the car had the items been placed?		
Please supply Vehicle Damage Report to show vehicle broken into:		
Name of Vehicle Insurer  Address of Vehicle Insurer		
Audiess of Ashiris Hishist	Policy Number	
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Who did you report the incident to:								
Airline Police Coach Company Hotel/Accommodation Provider Tour Operators Representative								
Other (please provide full details)								
Date reported D D M M Y Y Time reported H H M M								
Contact details:								
Name:								
Address:		] F						
Telephone:	, ., [	Email:						
Who did you report the	incident to:							
Baggage Delay								
Airline/carrier		Destinat	ion Airport					
Date of Arrival at airpo		M Y Y Time	H H M	M				
How many cases did yo	ou take with you?	How ma	iny cases failed	to arrive?				
Who notified you whe	n the cases had been	recovered?						
When was the case(s)	delivered/collected?	Date D D M		Ti	me H H	M		
How long were you wit	hout your case(s)?	Days	Hours			1		
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Money  Owner of cash	Denominations	Quantity of notes/coins	D D D D D D	M M M M M M M	Y Y Y Y Y Y TOTAL	LOCAL CURRENCY  LOCAL CURRENCY  LOCAL CURRENCY		
Money  Owner of cash	Denominations	Quantity of notes/coins	D D D D	M M M M M M M	Y Y Y Y TOTAL  Date obtaine	LOCAL CURRENCY LOCAL CURRENCY LOCAL CURRENCY  Total amount		
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Owner of cash		Quantity of notes/coins Foreign Currency and Travelle	D D D D D D D D D D D D D D D D D D D	M M M M M M M	Y Y Y Y TOTAL  Date obtained D D M M D D M M	LOCAL CURRENCY LOCAL CURRENCY LOCAL CURRENCY  dd Total amount y y y y		
Owner of cash	mounts for the Sterling, F		Where obtainers Cheques taken	M M M M M M M	Y Y Y Y TOTAL  Date obtainer D D M M D D M M TOTAL	LOCAL CURRENCY LOCAL CURRENCY LOCAL CURRENCY  LOCAL CURRENCY  Total amount  Y Y Y  Y Y		
Owner of cash  Please confirm the total ar	mounts for the Sterling, F	Foreign Currency and Travelle	Where obtainers Cheques taken	M M M M M M M	Y Y Y Y TOTAL  Date obtainer D D M M D D M M TOTAL	LOCAL CURRENCY LOCAL CURRENCY LOCAL CURRENCY  Total amount  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

Please list all the items being claimed for:

Owner of Property (Item by Item)	Description of Property	Date of Purchase	Place of Price Paid (Currency)	Amount	Office Use Only			
				(Currency)	Claimed	0	R	
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					TOTAL	£			
Please continue on a separate sheet where necessary.									
Settlement Method - Claims are paid by Cheque or Bank Transfer.  Where a majority of our insurers will use Bank Transfer, please complete the below to prevent us asking for this at a later date:									
Bank Name/Address									
					S	ort Code			
Name on Accou	nt				Account	number			
Declaration - I declare that to the best of my knowledge and belief all information provided is correct. I understand that some of the information I have provided will be made available to other insurers for claims handling purposes. I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the giving of such information. I agree that I will supply all requested, necessary documents in support of my claim at my expense.  Signature:  Date:  Date:  Date:									