

**Travel & Wintersports Insurance
Claim Form
for**

Part B

SECTION 8 – BEREAVEMENT TRAVEL COSTS

Resort Staff

Please fully complete this form and once done forward to Claims Settlement Agencies, 308-314 London Road, Hadleigh, Essex, SS7 2DD. It will usually take about a week to 10 days for a claim to be processed.

The section below shows the documents (documents may be sent on at a later date if necessary) which you should enclose in order for us to deal with your claim. They must be **originals not photocopies**. Please tick yes if enclosed and no if not.

Please note:-

- **Completing and sending this form is solely your responsibility, do not expect your manager to do it.**
- **Return this completed form within 31 days of incident. Late claims maybe repudiated.**

- | | | |
|--|--------------------------|--------------------------|
| a) Receipts for travel. | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Evidence from the
treating Doctor that your
return was necessary. | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

SIGNATURE

Please sign and date the form on the final page.

TELECLAIMS

If you have no objection, in an effort to promote speedier and more customer-friendly claims handling we may find it easier to telephone you during the course of our normal working hours to discuss your claim and/or request further details. Please advise us of any relevant numbers on which you can be reached.

or

Failure to complete these documents above will delay the processing of your claim

PLEASE COMPLETE USING CLEAR BLOCK CAPITALS

<p>1. Claimant's title: MR/MRS/MISS/MS Forenames: Surname:</p>	<p>5. The destination and county of your employment:</p>
<p>2. Correspondence Address: Post Code:</p>	<p>6. The policy no. Do you have Part B: Yes / No</p>
<p>3. Telephone No. Daytime: Evening: Email address:</p>	<p>7. The name of Employer:</p>
<p>4. Occupation: Age:</p>	<p>8. The period of employment giving total number of days. From: To: Total no. of days:</p>

9. Name of your relative: _____

10. Relationship to you:.....

11. NOTES: Please itemise below the items for which you wish to claim

Travel costs and expenses incurred (please attach original documents and invoices, photocopies will not be acceptable):	Type of travel	Name of provider	Currency used	Amount	Paid/unpaid	OFFICE USE ONLY
If necessary please continue on a separate sheet (using the same format)			TOTAL	£	£	

Please total each person's claim in the boxes provided

OFFICE USE ONLY	TOTAL X/S Net	£	OFFICE USE ONLY	TOTAL X/S Net	£	OFFICE USE ONLY	TOTAL X/S Net	£	OFFICE USE ONLY	TOTAL X/S Net	£
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And Finally.....

To finalise your claim please sign the declaration below, however before doing so please read the following carefully:-

- Please study the policy wording and read the terms and conditions that relate to your claim
- You are responsible for the cost of obtaining any documentation in support of your claim
- This Insurance contains rights of subrogation and I confirm I assign to insurers all rights of recovery/salvage against any person or organisation and will do whatever necessary to secure such rights.
- Information on this form will be used by insurers to deal with any claim. Insurers may also pass this and any other information to other insurers and organisations involved in dealing with any claim. Insurers also share information to prevent fraud.

DECLARATION

I declare that, to the best of my knowledge and belief, all information stated herein is correct and that the insurance company is subrogated with all rights I may have against any third party(s).

I have not withheld any information from insurers within my knowledge connected with my claim.

I agree to provide further information or documentation that may be reasonably required.

SIGNATURE OF CLAIMANT: DATE:

SIGNATURE OF EMPLOYER *: DATE:

Warning

Making a fraudulent or knowingly exaggerated claim is a criminal offence and could render the offender liable to prosecution.

Paying your company

If your company has paid some or part of the costs above, please complete an assignment form available on our website.

Copy

Please take a copy of this claim form and any attachments for your records.

* Note to Manager/Employer

Please hand back to member of staff to send, it is their responsibility.