



CLAIM No:- \_\_\_\_\_

For Office Use Only

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## Personal Liability

OSG Travel Claims are committed to providing a quality service. In order for us to assist you as quickly and efficiently as possible, it is important that you provide the information requested on the claim form, and on this information sheet.

**If a claim is received without the correct documentation or the claim form has not been fully completed, this can delay your claim.** Please therefore carefully read the notes below when completing your claim form.

IMPORTANT – Insurers require ORIGINAL documents. You must provide, at your own expense, any documents required to process your claim. **We strongly recommend that copies of all documents forwarded are made.**

### Documentation Required

#### Failure to provide can result in our being unable to process your claim

	Please tick to confirm you have attached the documents	[Tick]
<b>Fully Completed Claim Form</b>	Complete each section. Do not use N/A.	<input type="checkbox"/>
<b>Confirmation of Insurance</b>	Insurance/Validation Certificate. In the case of credit card Insurance policies, please forward credit card statement showing payment of the trip / holiday. Confirmation of medical health check	<input type="checkbox"/>
<b>Confirmation of Trip Dates</b>	Tour Operators Confirmation Booking invoice. Also Forward any travel tickets you may have	<input type="checkbox"/>
<b>Receipts</b>	Receipts for all expenses and original invoice	<input type="checkbox"/>
<b>Damage Report</b>	All reports provided for the incident which gave rise to the claim including report from any solicitor involvement.	<input type="checkbox"/>
<b>Police Reports &amp; Other Authorities</b>	Provide written police report of the incident surrounding the claim. Also please forward any death certificate / coroners / other relevant reports you may have.	<input type="checkbox"/>
<b>Written Account of Circumstances</b>	Provide full, detailed, written account of the circumstances leading up to and surrounding the incident which gave rise to the claim, along with details of any witness's, photographs etc.	<input type="checkbox"/>
<b>Legal confirmation of next of kin</b>	Please provide legal confirmation of next of kin and to whom any payment should be made payable to.	<input type="checkbox"/>
<b>Any Additional Information/documentation</b>	Any additional information or documents which you wish to enclose to substantiate your claim	<input type="checkbox"/>

We understand that it can be a daunting prospect making a claim, particularly one of this nature. We will endeavour to process your claim as swiftly as possible. Please help us to help you by following these guidelines.

- Always send original documentation (We recommend you retain copies)
- Make sure that the claim form is fully completed, and that the information given is as clear as possible
- Always provide the information requested above. If for some reason, the documentation is not available, please attach a letter advising why it has not been enclosed.

## Personal Liability Claim Form

Our aim is to process your claim as efficiently as possible. In order to achieve this please ensure that you fully complete the form and provide the original documents requested on the Information Sheet. (We strongly recommend you retain copies). Please note – if the information requested is not supplied, this can hold up your claim, and we may not be able to process it.

**NB. All sections MUST be FULLY completed. (In BLOCK CAPITALS please)**

Name of Policy Holder	<input style="width: 95%;" type="text"/>	Age	<input style="width: 95%;" type="text"/>
Name of Person Claiming (and to whom any payment should be made payable to - If different from above)	<input style="width: 95%;" type="text"/>	Address	<input style="width: 95%;" type="text"/>
What Insurance Company Did You Take your Travel Insurance Out With?	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
What Is Your Policy Called / Credit Card Type?	<input style="width: 95%;" type="text"/>	Post Code (If Applicable)	<input style="width: 95%;" type="text"/>
Policy / Certificate Number If Credit Card Please write the Number (first 7 and last 4 digits only please))	<input style="width: 95%;" type="text"/>	E-Mail address	<input style="width: 95%;" type="text"/>
Policy Issue Date	<input style="width: 95%;" type="text"/>	Loss Date	<input style="width: 95%;" type="text"/>
Telephone Home	<input style="width: 95%;" type="text"/>	Mobile Telephone	<input style="width: 95%;" type="text"/>
Country of Destination	<input style="width: 95%;" type="text"/>	Actual Return Date	<input style="width: 95%;" type="text"/>
Departure Date	<input style="width: 95%;" type="text"/>	Booking Date	<input style="width: 95%;" type="text"/>
Original Return Date	<input style="width: 95%;" type="text"/>	Travel Agent	<input style="width: 95%;" type="text"/>
Tour Operator	<input style="width: 95%;" type="text"/>	Occupation	<input style="width: 95%;" type="text"/>

**Previous claims:** Have you or any person named above made a claim against this or any other insurer.      YES/NO

### **Data Protection**

In order to administer your claim, the information provided in this form may be held on computer and/or in manual files for administration and risk assessment purposes. We may disclose your personal 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 personal data for the above purposes.

### **Claimants signature and declaration**

- I declare to the best of my knowledge all particulars in this form are true and accurate, with no omissions of any material information which would affect the insurers assessment of this claim
- I give permission for any medical practitioner, Police or similar authority mentioned with respect to this claim to release information regarding my records.
- I am aware that it is a criminal offence to defraud or attempt to defraud an insurer and that by doing so I may be prosecuted. I am also aware that should any element of this claim be found to be fraudulent in any way, all elements of the claim will be denied.
- I grant OSG Business Solutions and the Insurers they represent, full rights of subrogation in respect to any payments made on my behalf. I further agree to fully co-operate with such recovery efforts that Insurers deem necessary.

Signed  Date

**Personal Liability Claim Form continued**

Insured Persons Name \_\_\_\_\_

Date of Incident \_\_\_\_\_ Description of circumstances \_\_\_\_\_

Did you contact the 24 hour Emergency Assistance Company as outlined in your policy document for legal advice? YES / NO

If YES – Advise: Date \_\_\_\_\_ Time \_\_\_\_\_ Name of Person you spoke to \_\_\_\_\_

If NO – Advise why not: \_\_\_\_\_

Give a full detailed account of the events and circumstances which led to the claim, including locations / times and activities being carried out. Please write more details on a separate sheet if required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you feel as though someone else was at fault for the damage / injury YES / NO

If YES, please state why and who was responsible (please continue on a separate sheet if required) \_\_\_\_\_

\_\_\_\_\_

Have you admitted liability in respect to any costs levied against you? YES / NO

If YES, please elaborate \_\_\_\_\_

**ACTUAL COST BEING CLAIMED** \_\_\_\_\_

Please remember to include all ORIGINAL documentation requested on the information sheet:- (Please retain copies for your records)

I declare to the best of my knowledge all particulars contained in this form are true.

In the event of a third party being liable for the loss / damage all rights in this matter are subrogated to OSG Travel Claims on settlement of the claim.

Signed \_\_\_\_\_ Date \_\_\_\_\_