



CLAIM No:- \_\_\_\_\_  
For Office Use Only

OSG Outsource Services Group Ltd, Merrion Hall, Strand Road, Sandymount, Dublin 4, Ireland  
Email : [travel@osg.ie](mailto:travel@osg.ie)  
Tel: 00353 (0) 1 6619 133 Fax: 00353 (0) 1 6615 249

## Baggage, Personal Property, Money – Claim Form

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 all necessary documentation.

**If a claim is received without the correct documentation or the claim form has not been fully completed, this can delay your claim.**

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

### **Documentation Required :- Failure to provide can result in our being unable to process your claim**

Please tick to confirm you have attached the following 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 your credit card statement showing payment of the trip / holiday.	<input type="checkbox"/>
<b>Confirmation of Trip Dates</b>	Tour Operators Confirmation Booking invoice. Also Forward any travel tickets you may have or any other documents as evidence of the trip.	<input type="checkbox"/>
<b>Written Report Confirming Loss</b>	Official report from Police / Airline / Other authority to whom you reported your loss.	<input type="checkbox"/>
<b>Proof of Ownership</b>	Original purchase receipts, credit card receipts, operating / instruction manuals, jewellery valuations prior to loss.	<input type="checkbox"/>
<b>If an Item is damaged....</b>	An estimate for repair or confirmation that the articles are beyond repair, stating the pre-damage value. Do not throw any items away – we may require them for assessment purposes.	<input type="checkbox"/>
<b>In the case of delay/damage or loss in transit</b>	A Property Irregularity Report (PIR) issued by the Carrier (e.g. airline, ship or coach) together with the Used Travel Tickets and baggage tags if available. If the property is not recovered, please obtain a letter from the carrier confirming the items are irretrievably lost.	<input type="checkbox"/>
<b>In the case of delay/emergency purchases</b>	Receipts for any emergency items purchased as a result of your delayed baggage.	<input type="checkbox"/>
<b>Loss of money</b>	Evidence of foreign currency transaction / bank statements confirming withdrawal before & after the loss.	<input type="checkbox"/>

We understand that it can at times be a daunting prospect making a claim. 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.

## Baggage, Personal Property, Money – Claim Form Continued

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 (include Mr/Mrs/Ms etc)		Age	
Name of Person to whom any payment should be made payable to - If different from above)		Address	
What Insurance Company did you take out your travel insurance with?			
What Is Your Policy Called / Credit Card Type?		Post Code (If Applicable)	
Policy / Certificate Number If Credit Card Please write the Number (first 7 and last 4 digits only please)		E-Mail address	
Policy Issue Date		Incident Date	
Home Telephone Number		Mobile Telephone Number	
Country of Destination		Travel Agent	
Departure Date		Booking Date	
Original Return Date		Actual Return Date	
Tour Operator		Occupation	

### 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.
- In the event of a third party being liable for the loss / damage, all rights of recovery pass to OSG Travel Claims on settlement of this claim.

Signed  Date

## Baggage, Personal Property, Money – Claim Form Continued

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ Place of Incident \_\_\_\_\_

Please fully describe the circumstances surrounding your claim and how the loss / damage occurred (Use additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the precautions you took to protect your possessions and any steps taken to recover the items \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the Loss / Theft reported to the Police or any other authority? **YES / NO.**

If NO, please explain why not \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YES, State to whom reported Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Crime Reference Number: (Ensure the original report is attached) \_\_\_\_\_

If the Loss / Delay / Damage / Theft occurred in the custody of a carrier (i.e. airline, ship, coach company etc.). Please advise:

Name of Carrier \_\_\_\_\_ Report Reference Number \_\_\_\_\_

Address of Carrier \_\_\_\_\_

**(Ensure the Property Irregularity Report is attached)**

Have you submitted a claim against the carrier? YES / NO

If YES, please advise outcome and any amounts received \_\_\_\_\_

**(Ensure written confirmation is attached)**

Length of baggage delay: **From (Date & Time)** \_\_\_\_\_ **To (Date & Time)** \_\_\_\_\_

### Details of Other Insurance

Have you any other Insurance which may cover this claim, such as any Other Travel Insurance / Credit Card Insurance? **YES / NO.** If YES, please advise name, address and policy number \_\_\_\_\_  
\_\_\_\_\_

Full name and address of your **Household Contents Insurer.** \_\_\_\_\_  
\_\_\_\_\_

Policy Number for your **Household Contents Insurer** \_\_\_\_\_

Kindly note that Insurers have the right of recovery against any other Insurance covering the same loss.

**(If you have no Household insurance, please write 'NONE')** \_\_\_\_\_

**And sign to confirm you have no household insurance** \_\_\_\_\_

### Previous claims

Have you had any previous thefts or loss to personal possessions / money / tickets?

**YES / NO**

If **YES**, please give details (i.e. date of loss, name and address of Insurer, Policy number and amount claimed)  
\_\_\_\_\_  
\_\_\_\_\_

Please remember to include all ORIGINAL documentation as requested on page 1 of this form and summarised below.  
Please retain copies for your records.

Confirmation of Insurance, Booking invoice, Flight Tickets, Written report concerning loss, Proof of ownership (receipts, manual, valuations prior to loss etc.), Estimate for repair (if appropriate), confirmation from the airline that the items were not recovered (If applicable)

## Baggage, Personal Property, Money – Claim Form Continued

### Specifics of Claim (including emergency purchases due to baggage delay)

If there is insufficient space below please continue on a separate sheet, using the same headings.

Please ensure that all receipts are cross referenced with the item number. You can write the item number on the top right hand side of the receipt.

Item number	Initials of owner	Full details of item being claimed including make / model etc.	Date of Purchase	Original Cost	Receipts included? YES / NO	Amount claimed. '£' or '€'
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>TOTAL AMOUNT CLAIMED</b>						

### Loss of Personal Money

Name of Owner	Age	Amount lost (in local currency)	Where obtained	Bank Statement / Currency Exchange Slip enclosed? YES / NO	Amount Claimed '£' or '€'
<b>TOTAL MONEY CLAIMED</b>					

Please ensure that you supply currency exchange slips for before and after the loss and any additional money withdrawn after the loss

For Internal use only. Anti Fraud Checklist A>Rating B>Rating C>Rating Insured to be interviewed? YES / NO