



CLAIM No:- _____

For Office Use Only

Sedgwick OSG, Merrion Hall, Strand Road, Sandymount, Dublin 4, Ireland

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Personal Liability

Sedgwick 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]
Fully Completed Claim Form	Complete each section. Do not use N/A.	<input type="checkbox"/>
Confirmation of Insurance	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"/>
Confirmation of Trip Dates	Tour Operators Confirmation Booking invoice. Also Forward any travel tickets you may have	<input type="checkbox"/>
Receipts	Receipts for all expenses and original invoice	<input type="checkbox"/>
Damage Report	All reports provided for the incident which gave rise to the claim including report from any solicitor involvement.	<input type="checkbox"/>
Police Reports & Other Authorities	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"/>
Written Account of Circumstances	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"/>
Legal confirmation of next of kin	Please provide legal confirmation of next of kin and to whom any payment should be made payable to.	<input type="checkbox"/>
Any Additional Information/documentation	Any additional information or documents which you wish to enclose to substantiate your claim	<input type="checkbox"/>

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

We use personal information which you supply to us for administration, claims management and other insurance purposes, as further described in our Privacy Policy, available here: <http://www.osg.ie/terms-conditions/>

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 Sedgwick OSG 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 Sedgwick OSG Travel Claims on settlement of this claim.

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 _____