

Personal / Business Effects,  
Money and Documents  
Claim Form



**Please complete this claim fully and return to us by following the postal instructions below.**

For ERV.co.uk, ERV Express, Planet Earth, Eurocamp, Keycamp, Select Sites, Axiom, Cyclosure, starttravel.co.uk, all Coach Tours, Civil Service and ManxCover policies please return your completed form to:

ERV Insurance Services  
PO Box 9  
Mansfield  
Nottinghamshire  
NG19 7BL

For all other policies please return your completed form to:

Mayday Claims  
2 Clifton Mews,  
Clifton Hill,  
Brighton,  
BN1 3HR

# Personal / Business Effects, Money and Documents Claim Form



## Personal details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other	<input type="text"/>	
Family name	<input type="text"/>		First name	<input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	N.I number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	Post code			
Daytime tel no.	<input type="text"/>	Evening tel no	<input type="text"/>	
Email address	<input type="text"/>	Occupation	<input type="text"/>	

## Policy details

Company name	<input type="text"/>		
Policy number	<input type="text"/>	Date of issue	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <i>If applicable</i>
Date of booking	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Destination	<input type="text"/>
Date of travel	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date of return	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Travel agent	<input type="text"/>	Tour operator	<input type="text"/>

## Claim details

Date of incident	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Time	<input type="text"/>
Place of incident	<input type="text"/>		
Full details of how loss / damage occurred			

# Personal / Business Effects, Money and Documents Claim Form



Which authorities were notified  Police  Airline  Holiday rep  Shipping company  Other

If other please provide details

Date of report         Time

**Please provide the original claims report provided by the authority above**

Have you received a cash advance from any source? Yes  No

If 'Yes' please state amount  Received from

Home contents insurer

Address

Post code

Telephone number  Policy number

# Personal / Business Effects, Money and Documents Claim Form



## Information we need from you for possible recovery opportunities

Your Travel Policy has conditions attached whereby you must provide us with any information that assist any recovery actions. This is a standard practice in the insurance market and contributions made from other insurance cover serve to keep the costs of your premiums down. The information provided should not affect your renewal premiums or no claims discount.

Please answer the following questions and provide details as required. For questions that require a YES / NO response, please tick the appropriate boxes. Failure to do so may delay your claim.

1. Do you have a bank account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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A bank account you hold may offer Travel Insurance cover as part of the benefits. Under no circumstances will your bank account information be used other than to obtain a contribution from the Travel Insurance provider. This will not affect your bank account in any way.

	Name of bank (e.g. HSBC)	Type of account	Account holder name	Account number
Bank Account				

2. Was a credit card or debit card used to pay all or part of the trip cost? (Certain credit or debit cards provide an element of travel cover)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	Card issuer	Type of card e.g. Visa	Cardholder name	Card number
Bank Account				

3. Do you have a Household Contents insurance policy? (Some household contents policies provide an element of travel cover)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	Name of Insurer		Policyholder name	Policy number
Bank Account				

4. Do you hold any Private Medical Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	Name of Insurer		Policyholder name	Policy number
Bank Account				

5. Do you consider anyone to blame for the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details.

It is a condition of the policy and your responsibility to provide sufficient documentation to support your loss. Failure to provide the required documentation, including the details of any other insurances, will delay and may invalidate the claim.



# Personal / Business Effects, Money and Documents Claim Form



## Claimants declaration and signature

1. I declare that all details and particulars given in respect of the claim(s) made herein constitute a true and accurate statement.
2. To the best of my knowledge and belief I have not omitted any material information which would affect the insurer's assessment of this claim.
3. I confirm that where a claim or claims are made in respect of others, I have their full authority to act on their behalf. I also confirm that they have been advised that 'ETI' will not accept any liability if any payments are not distributed proportionately to the persons concerned.
4. I am aware that an insurance claim made in the knowledge that any element thereof is fraudulent is a criminal offence and that this will invalidate the policy and will render me liable to prosecution.
5. I am, by this notice, aware that 'ETI' will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties ETI maintain all data in accordance with the provisions of the Data Protection Act, 1984.

## Data protection act

The insurance industry operates a number of anti fraud initiatives. The information given on this form may be stored electronically and shared with other organisations for this purpose. If you would prefer the information given here not be used in the way, you should tick this box.

### I have read and understand the declaration above and included the necessary documents to substantiate my claim.

Claimant(s) full name(s)

Clients signature

Date

Full name of an authorised representative of the corporate policy holder (corporate and / or education group cover)

Signature of authorised representative

Date

I / We authorise

to act on my behalf in this matter.

Client's signature

Date

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www.financial-ombudsman.org.uk

The Association of British Insurers, 51 Gresham Street, London EC2V 7HQ  
www.abi.org.uk