



Personal Liability Claim Form

Once completed, please return your claim form to:

Travel Claims
Claims International
PO Box 1037
Oakleigh House
Cardiff
CF11 1HU
United Kingdom

Thank you for notifying us of your claim.

Please complete this form and return to Claims International as soon as possible.

Please write in BLOCK CAPITALS

Please provide full supporting documentation to avoid delays in processing your claim.

Please state 'N/A' where a section is not applicable.

Company Details (The Insured):

Policy Number: _____

Company Name: _____

Company Address: _____

Postcode: _____ E-mail: _____

Telephone: _____ Fax: _____

Company Contact Name: _____

Claimant Details (The Insured Person):

Title	Full Name(s)	Date of Birth	Position Held

Claimant Address: _____

Postcode: _____ E-mail: _____

Telephone: _____ Fax: _____

Country of Residence _____

Employee Number: _____



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Address of Residence / Hotel: _____

Departure Date: _____ / ____ / ____ Return Date: _____ / ____ / ____

Purpose of Trip (delete as applicable): _____ Business / Pleasure

If Business (delete as applicable): _____ Clerical / Manual

Date of Incident: _____ / ____ / ____ Time of Incident: _____ AM/PM

Place of Incident: _____

Have you admitted liability? _____ YES / NO

If YES, please explain
why: _____

Full details of
circumstances: _____

Please note: All correspondence received from any third party is to be forwarded, unanswered.



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Declaration – This must be signed.

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld any information within my/our knowledge connected with this claim. I/We agree to provide the insurer with any further information as may be reasonably required. I/We understand that the insurer does not admit liability by issue of this form.

WARNING – the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police, with whom we always co-operate.

The insurance industry operates a number of anti-fraud initiatives. The information on this form may be stored electronically and may be shared with other organisations for this purpose. I/We understand that you may ask for information from other organisations to check the answers I/we have provided.

Signature: _____ Date: ____ / ____ / ____