

PERSONAL BELONGINGS, MONEY & TRAVEL DOCUMENTS CLAIM FORM

	Claim Reference Number:
	Policy Number:

We know that when loss or damage to personal items happens while you are travelling that it can be very stressful. Should you find yourself in this unfortunate situation, we have compiled some information to assist you in submitting your claim. For the complete terms and conditions of your insurance cover however, please refer to your policy wording.

1. The full details of what you are entitled to claim for can be found in your policy wording.
2. If personal items are lost, stolen or damaged while in the custody of an airline or other carrier, the loss/damage must be reported within 24 hours to the airline/carrier and a 'Property Irregularity Report (PIR)' obtained from them. The PIR will be required when making your claim
3. All other losses or theft of property must be reported to the police within 24 hours and a police report obtained. The police report will be required when making your claim
4. Upon your return to Ireland, the loss/damage must be reported to us within 30 days, through our Claim Settlement Service (details below):

Mapfre Assistance Agency Ireland
Ireland Assist House
22-26 Prospect Hill
Galway
(Please see your schedule of cover for the claims department's contact number)

5. You will be required to complete a Claim Form and provide full details of the property lost, stolen or damaged. Receipts or proof of purchase and estimates for the cost of repair to damaged items will be required in most cases *. 'The Property Irregularity Report' and police report will also be required.

Note: *In certain circumstances we may waive the requirement for receipts for specific items, where it is considered unreasonable by virtue of the value of the item or perhaps due to the time that has elapsed since the item was purchased.

Please remember to retain copies of all documents when submitting your claim.

Claim form and supporting documentation:

1. Please complete all sections relevant to your claim, sign and date the form. **Please note an incomplete application will delay the processing of the claim.**
2. You must return this form to the postal address listed above and attach the following documentation:
 - Booking Invoice to confirm your travel dates
 - Certificate of insurance (Photocopy only)
 - Original Police / Carrier (Airline Property Irregularity Report) or other admissible relevant report
 - Proof of Purchase, Original Receipts, Credit Card Slips/Statements, Certified Duplicate Receipts for items claimed, Instruction Manual/Guarantee Cards for photographic and other equipment

In addition to the above information, please refer to the relevant sections below for the information required for each claim type:

Loss of luggage (whilst in the custody of the carrier)

- Confirmation from the airline your luggage has been deemed irretrievably lost
- Copy of the claim form submitted to the carrier & their proposed settlement
- Baggage tags (if applicable)

Loss or theft of Personal Money

- Official bank letter confirming the date the debit/credit card was cancelled
- Please provide substantiation of the cash claimed before the theft, ie provide evidence by way of withdrawal slip or bank statement confirming you had the amount of cash claimed when the theft occurred
- Please provide substantiation of cash claimed after the theft, ie how you replaced the stolen cash (whether it be by withdrawal, western union etc)

Luggage delay on outbound journey

- Original receipts for emergency items purchased (payment is subject to original receipts being provided)
- Confirmation from the carrier as to the date and time your luggage was returned

Damage to luggage and/or personal belongings

- Repair Estimates for damaged Items - please note, all salvage to be retained until claim completed
- Photos of damaged items

As the circumstance of each claim differs, on receipt of your claim form, it may be necessary for us to request additional information not outlined in the checklist above. **Failure to provide the above documentation may delay the processing of your claim.**

3. You must as part of the policy terms and conditions declare if you have any other insurance in force at the time of your claim (this includes any insurance which may have been provided in association with your bank account).

If you have any queries or require assistance in completing the claim form please do not hesitate to contact us. Please have your claim reference number to hand.

Yours sincerely,



**For and on behalf of
Mapfre Assistance Agency Ireland Claims**



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Claim Reference Number:
Policy Number:

(Please see first page of claim form for your reference)

(Please see first page of claim form for your policy number)

DATA PROTECTION

We will ask you to provide some specific information regarding the medical condition or injury giving rise to your claim, and also regarding current or past medical conditions for you and, where relevant, for your fellow travellers close relatives or close business associate. We will only use sensitive information for the specific purpose you provide it, including to validate and administer your claim, and to provide the services described in the policy. This may include sharing with service providers, and if you have travelled outside the European Economic Area 'EEA', it may be necessary for us to transfer your data and share with service providers outside the EEA. Further information about how data is used and shared can be found on our privacy policy on www.mapfreassistance.ie/gdpr.
You must ensure that you only provide sensitive information about other people where you have the consent or legal right to do so.

Do you provide your consent for such use, transfer and sharing of the data you provide?

Note, if you do not wish to provide consent, this prevents us from providing cover under the policy and we are hereby released from any liability for your claim.

SECTION A

CLAIMANT DETAILS

Title:	<input type="text"/>	Gender:	<input type="text"/>
Forename:	<input type="text"/>	Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>	Occupation:	<input type="text"/>
Address:	<input type="text"/>	Home Phone Number:	<input type="text"/>
		Work Phone Number:	<input type="text"/>
		Mobile Number:	<input type="text"/>
		Email Address:	<input type="text"/>

TRIP DETAILS

Tour operator:	<input type="text"/>	Booking agent:	<input type="text"/>
Destination:	<input type="text"/>	Date trip booked:	<input type="text"/>
Departure date:	<input type="text"/>	Return date:	<input type="text"/>

SECTION B

ANY OTHER INSURANCE DETAILS:

Travel Insurance policy? YES NO

Insurance with your bank account / bank card? YES NO

Any other insurance policy which may cover this loss? YES NO

If Yes to any of the above, please provide Company Name & Policy Number: _____

PREVIOUS CLAIMS HISTORY:

Have you made ANY insurance claim in the past 3 years? (If yes, please provide details below) YES/NO

Year	Type Of Claim	Amount Claimed	Company

DECLARATION: Insurers and their agents share information to prevent fraud and for underwriting purposes. This document, information provided when taking out the Policy and relevant facts form the basis of your claim and may be shared or used for

audit purposes. It is a criminal offence to make a fraudulent claim. We investigate all cases and any person suspected of fraud is reported to the Police/Gardai with whom we always cooperate in effecting a prosecution. I/We understand that you may seek information from other insurers and third parties to check that the information provided above is truthful and that details of this claim can be used for audit and fraud prevention purposes. I/We understand that you may request information from medical providers abroad in relation to a claim where medical advice was sought. I/We declare that to the best of my/our knowledge and belief that all the information I/We have given is correct. I/We have not withheld any information connected with this incident and agree to provide any further information or documentation as may be required. I understand that the insurer does not admit liability by the issue of this form.

ALL PERSONS CLAIMING MUST SIGN BELOW:

Name (please print)	Signature	Date

**SECTION C
INCIDENT DETAILS**

Is this claim for: Delayed Baggage Personal Effects Cash Passport

Please give full details of circumstances surrounding the incident and its discovery: _____

Date and time of incident	
Date and time property last seen	
Exact location of items when incident occurred	
When and by whom was the loss/damage discovered:	
Was the incident reported to a relevant authority?	
If YES, to whom was the incident reported?	

Delayed Baggage
 Date and time baggage returned to you: _____

Cash claims
 Please confirm the amount of money brought on holiday: _____
 Please confirm the amount of money lost or stolen: _____

Please outline your Home Insurance provider and policy number: _____
 Have you received payment from any other source? _____
 Do you intend to pursue this claim through any other source? _____
 Signed: _____
 If YES, please provide details: _____

**SECTION D
(NB Payment cannot be issued unless all below details are provided)**

Bank Name and Branch: _____
 Account Holder's Name: _____ Account Number: _____
 Sort code: _____ IBAN Number: _____

