

PERSONAL LIABILITY CLAIM FORM

Claim Number:



Staysure Claims 308-314 London Road, Hadleigh,
Benfleet, Essex SS7 2DD
Tel: 01403 288410 Fax: 01702 427173
email: info@csal.co.uk / www.csal.co.uk

Please use the address to the left for **ALL** correspondence & quote the above Claim Number in **ALL** subsequent communication. When the Claim Form is received we aim to process it in five working days.

Date:

Below is a Document Check List – please ensure you provide the correct documentation when submitting your claim as failure to do so may cause delays.

We suggest you keep a copy of this claim form and other documents for your own records.

IMPORTANT DOCUMENT CHECK LIST Have you enclosed or previously provided the following ORIGINAL (not photocopy) documents?	✓ PLEASE TICK			
	Enclosed	Previously sent	Not available	Not applicable
CERTIFICATE OF INSURANCE (or other proof of payment of insurance premium i.e. the Tour Operators booking invoice)				
HOLIDAY BOOKING INVOICE as issued by the booking Agent & Tour Operator, showing the total cost of the holiday				
TRAVEL TICKETS (airline/ferry/coach etc...)				
YOUR TRAVEL ITINERARY				
A PHOTOCOPY OF YOUR PASSPORT showing your photograph, name and date of birth (this is only required to verify the identity of the claimant(s))				
DOCUMENTS TO SUPPORT ANY DISCOUNT GIVEN TO YOU FOR YOUR TRAVEL ARRANGEMENTS				

PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS – THANK YOU FOR YOUR CO-OPERATION

CLAIMANT DETAILS		
Q01. Title:	First Name(s):	Surname:
Q02. Date of Birth: / /	Present Age:	
Q03. Occupation:		
Q04. Address:		
		Post Code:
Q05. Home Tel:	Mob Tel:	Work Tel:
Email:		

HOLIDAY & INSURANCE DETAILS			
Q06. Holiday booking date: / /	Period from: / /	Period to: / /	Number of days:
Q07. Number of people in your party:	Q08. Holiday Country & Destination:		
Q09. Name of the travel agent who issued the policy:			
Q10. Travel Insurance Policy Number (as shown on your validation certificate):			
Q11. Policy Issue Date (very important): / /			
Q12. Method of payment for the holiday (delete as necessary): Credit Card / Debit Card / Cheque / Cash / Other If credit card was used please provide details (Card Issuing Company):			

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CLAIM DETAILS

Q13. Please provide full details of the incident

PARTICULARS OF CLAIM

Q14. Name of person(s) claiming against you

Q15. Address:

Post Code:

Q16. Who do you consider responsible?

Q17. Do you have any other insurance which would cover this eventuality? **YES / NO**

Q18. Company name:

Q19. Company Address:

Post Code:

OTHER INSURANCE & PREVIOUS CLAIMS

Q20. Do you have any other insurance that covers the expenses you are claiming? **YES / NO**

If 'YES' please provide the full details of the policy holder (if different to claimant), the company name/address and policy number:

Name of policy holder:

Policy Number:

Company Name & Address:

Q21. Has this claim been submitted (or will it be) to the other insurer/airline? **YES / NO**

Their ref (if known):

Q22. Have you or any other person named on this form ever made any previous claims on this type of insurance? **YES / NO**

If 'YES' please give details (continue on a separate sheet if necessary):

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DATA PROTECTION NOTICE

Claims Settlement Agencies Ltd may use your information together with other information for underwriting, statistical analysis and claims. We may disclose your information to our service providers, agents and business partners for these purposes.

We may also share your information with other interested parties and outside agencies to check the details and prevent fraudulent claims. We may also disclose your information to our agents to investigate or prevent fraud.

CUSTOMER DECLARATION – To Be Completed By ALL Persons Claiming Aged Over 16

Claims Settlement Agencies Ltd, agents and business partners may contact anyone who can give them information relevant to my claim. I/ We confirm that the information that I/ we give is true and if any of the information given by me/ us (or anyone on my/ our behalf) is incorrect, I/ we agree that such inaccuracy may cause me/ us to forfeit my/ our rights under the policy.

In the event of a Third Party being liable, on settlement of the claim I hereby subrogate my rights to the company to recover their costs.

Payments: Subject to admission of liability, we will make payment in favour of the claimant (aged over 16) as detailed in question 01 above but if an alternative payee is required please state below. I/ We have read and fully understood the above declaration.

Insured Name	Signature	Date of Birth	Date of Signature

DETAILS OF OTHER INSURANCES - Failure to provide the information requested below may delay your claim

Some bank accounts and credit cards come with travel insurance benefits and if you did have cover of this nature we may seek a contribution from the other company once your claim is settled. A loss that is covered by more than one policy will routinely be shared so each Insurer can keep their premiums as competitive as possible, but the contributing Insurer cannot alter the price of terms of its policy unless there has been a claim direct from a policyholder.

Name of Bank / Building Society:

Type of Account:

Sort Code:

Account Number:

Did you pay for your trip with a credit card? **YES / NO**

Card Number:

Card Type e.g. Platinum / Gold / Premier:

Do you or any of the insured party have any other travel insurance that may cover you for this claim? **YES / NO**

Name of company:

Policy Number:

SETTLEMENT DETAILS

Claims payments made by BACS transfer or other electronic banking system can be made and credited to your account more quickly than a cheque.

By entering your bank account details, you confirm that CSAL has your full authority to remit monies directly to that account by the BACS or other electronic banking system. You also accept that, providing payment remitted to the bank account designated by you, CSAL shall have no further liability or responsibility in respect of such payment, and that it shall be your sole responsibility to make collection of any misdirected payment.

Name of account holder:

Type of current account e.g. Platinum / Gold / Premier:

Name and address of Bank / Building Society:

Sort Code:

Account Number:

If you require payment by cheque, to whom should the settlement be made?

Please note if the bank details provided are illegible or we are unable to validate, payment will be made by cheque payable to the claimant and posted to the address provided.

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BROKER

Did you arrange your insurance via a broker? If so do you consent to us discussing your claim with them directly (if required)? **YES / NO**

Name of Broker:

STAYSURE is a trading name of TICORP Limited. Staysure travel insurance is arranged by TICORP Limited which is registered in Gibraltar company number 111526. Registered office: First Floor, Grand Ocean Plaza, Ocean Village, Gibraltar. TICORP Limited is licensed and regulated by the Gibraltar Financial Services Commission number FSC1238B and trades into the UK on a freedom of services basis, FCA FRN 663617.

STAYSURE travel insurance is administered by Howserv Limited which is registered in England and Wales number 03882026. Registered office: McGowan House, 10 Waterside, The Lakes, Bedford Road, Northampton, NN4 7XD. Howserv Limited is authorised and regulated by the Financial Conduct Authority FRN 599282.

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