

Personal Liability Claim Form



Dear Claimant,

Please complete this form in full and return to:

Mayday Travel Claims
13-16 Vine Street
Brighton
East Sussex
BN1 4AG

Or email: claims@maydaytravelclaims.com

Please ensure all relevant sections are completed and the supporting documentation is attached. This will enable us to assess your claim quickly.

WE RECOMMEND THAT YOU KEEP A COPY AND SEND THE COMPLETED CLAIM FORM BY RECORDED DELIVERY.

WE WILL CONTACT YOU WITHIN 5 WORKING DAYS OF RECEIPT OF THE CLAIM FORM.

WE RESERVE THE RIGHT TO REQUEST THAT ORIGINAL RECEIPTS / REPORTS OR ANY OTHER DOCUMENTATION BE SUBMITTED IN ORDER TO SUBSTANTIATE THE CLAIM.

DOCUMENT CHECKLIST (Please tick accordingly)

Any supporting information (e.g Solicitors letter)	✓
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Claim reference number

Personal Liability 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"/>
Surname	<input type="text"/>			First name	<input type="text"/>	
Date of Birth	<input type="text"/>			N.I number	<input type="text"/>	
Address	<input type="text"/>					Please tick your preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Mobile <input type="checkbox"/> Telephone
	<input type="text"/>					
	<input type="text"/>					
Post code	<input type="text"/>					
Telephone	<input type="text"/>			Mobile	<input type="text"/>	
Email	<input type="text"/>			Occupation	<input type="text"/>	

POLICY DETAILS

Insurance brand	<input type="text"/>	<input type="checkbox"/> Single trip	<input type="checkbox"/> Annual multi trip
Policy number	<input type="text"/>	Date of issue	<input type="text"/>
Date of outward travel	<input type="text"/>	Destination	<input type="text"/>
Date trip booked	<input type="text"/>	Date of scheduled return	<input type="text"/>
Travel agent	<input type="text"/>	Tour operator	<input type="text"/>

CLAIM DETAILS

Full details of how Loss/damage occurred	<div style="border: 1px solid black; height: 250px; width: 100%;"></div>
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Please note: Your claim may be prejudiced should you make any admission of liability, unless you have our specific authority to do so.

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DETAILS OF CLAIM

Name of person claiming against you	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Post code"/>
Whom do you consider responsible?	<input type="text"/>
Do you have any other insurance which would cover this eventuality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurer name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Post code"/>

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INFORMATION WE NEED FROM YOU FOR POSSIBLE RECOVERY OPPORTUNITIES

Your Travel Policy has conditions attached whereby you must provide us with any information that assists any recovery actions. This is a standard practice in the insurance market and contributions made from other insurance cover serves 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 No

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 (e.g. SILVER/GOLD)
Account holder name Account number

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 No

Card issuer Type of card (e.g. VISA)
Card holder name Card number

3. Do you have a Household Contents insurance policy?
(Some household contents policies provide an element of travel cover)

Yes No

Name of insurer Policy name
Policy number

4. Do you hold any Private Medical Insurance?

Yes No

Name of insurer Policy name
Policy number

5. Do you consider anyone to blame for the incident?
If yes, please provide details.

Yes No

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, may delay and may invalidate the claim.

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PREVIOUS CLAIMS

Have you ever made any previous travel insurance claims? Yes No
If "Yes", please supply details below:

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 insurers 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 Mayday Travel Claims will not accept any liability if any payments are not distributed proportionately to the persons concerned.
4. I hereby give my permission for any medical practitioner or authority mentioned herein to release further information regarding my medical records to Mayday Travel Claims. I am aware that all such information will be disclosed in accordance with the terms and provisions of the Access to Medical Records Act 1988 (AMRA) or other similar legislation.
5. 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.
6. I am, by this notice, aware that Mayday Travel Claims will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties. Mayday Travel Claims maintain all data in accordance with the provisions of the Data Protection Act, 1984.

I HAVE READ AND UNDERSTOOD THE DECLARATION ABOVE AND INCLUDE THE NECESSARY DOCUMENTS TO SUBSTANTIATE MY CLAIM

Claimant(s) full name(s)

Claimant's signature Date DD/MM/YYYY

Would you like a third party to act on your behalf? Yes No

I / we authorise to act on my behalf in this matter.

THIRD PARTY DETAILS (if applicable)

Name

Address

Post code

Date of birth DD/MM/YYYY Relationship to claimant

Telephone