

# DELAYED BAGGAGE CLAIM FORM

**Claim Number:** A claim number will be allocated once this form is returned



## Claims Settlement Agencies Limited

308-314 London Road, Hadleigh, Benfleet, SS7 2DD. UNITED KINGDOM  
Tel: 0330 660 0549 (within UK) or +44 330 660 0549 (from overseas)  
email: [claims@true traveller.com](mailto:claims@true traveller.com)

**Date:**

Please use the above address 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.

This claim form is being provided to you as requested in order that you can make a claim for Delayed Baggage under the terms and conditions of your travel insurance policy.

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
<b>CERTIFICATE OF INSURANCE</b> (or other proof of payment of insurance premium i.e. the Tour Operators booking invoice)				
<b>HOLIDAY BOOKING INVOICE</b> as issued by the booking Agent & Tour Operator (if applicable)				
<b>AIRLINE or OTHER TICKETS and BAGGAGE CHECK TAGS</b>				
<b>RECEIPTS FOR THE ITEMS BEING CLAIMED OR OTHER EVIDENCE OF PURCHASE</b>				
<b>AIRLINE OR OTHER CARRIERS REPORT</b>				
<b>PROOF OF DATE AND TIME BAGGAGE WAS RETURNED TO YOU</b>				

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

#### CLAIMANT DETAILS

<b>Q01.</b> Claimant's Details: Title: _____ First Names: _____ Surname: _____
<b>Q02.</b> Date of Birth: _____ Present Age: _____ <b>Q03.</b> Occupation: _____
<b>Q04.</b> Address: _____ Post Code: _____
<b>Q05.</b> Home Tel: _____ Mob Tel: _____ Work Tel: _____ E-mail: _____

#### HOLIDAY & INSURANCE DETAILS

<b>Q06.</b> Holiday booking date: _____ Period from: _____ to: _____ Number of days: _____
<b>Q07.</b> Number of people in your party: _____ <b>Q08.</b> Holiday Country & Destination: _____
<b>Q09.</b> Name of the travel agent who issued the policy: <b>True Traveller</b>
<b>Q10.</b> Travel Insurance Policy Number (as shown on your insurance schedule): <b>MSTT-</b>
<b>Q11.</b> Policy issue Date ( <i>very important</i> ): _____
<b>Q12.</b> 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.** The date, time and place you should have received your baggage:

Date & Time: \_\_\_\_\_ Place \_\_\_\_\_

**Q14.** The date, time and place you eventually received your baggage::

Date & Time: \_\_\_\_\_ Place \_\_\_\_\_

**Q15.** The full details of how the incident occurred and what action was taken by you (please continue on a separate sheet if necessary)

**Q16.** Was the incident reported to the airline/coach or shipping company **YES NO** (please enclose their original report):

Date report made: \_\_\_\_\_ To whom was it reported: \_\_\_\_\_

**Q17.** Was the incident reported to the Holiday Representative? **YES NO** (please enclose their original report):

Date report made: \_\_\_\_\_ To whom was it reported: \_\_\_\_\_

**Q16.** Did you receive a delayed baggage payment at the time **YES NO** If 'YES' from whom \_\_\_\_\_ and amount £ \_\_\_\_\_

**Q18.** What items are you claiming for? **Please complete the CLAIM SCHEDULE overleaf**

## OTHER INSURANCE

**Q19.** Do you have any other insurance that covers this incident? **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: \_\_\_\_\_ Company Name & Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Q20.** Has this claim been submitted (or will it be) to the other insurer/airline/carrier? **YES NO** Their ref (if known): \_\_\_\_\_

## PREVIOUS CLAIMS

**Q21.** Have you or any other person named on this form ever made any previous claim for loss of or damage to personal effects against or any other Insurer in the past 5 years: **YES NO** (Please continue on a separate sheet if necessary)

Date: \_\_\_\_\_ Incident: \_\_\_\_\_

Insurers/Adjuster: \_\_\_\_\_ Reference: \_\_\_\_\_

## 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



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## PAYEE'S BANK DETAILS - UK RESIDENTS

IF WE APPROVE YOUR CLAIM, WE CAN CREDIT THE MONEY DIRECT TO YOUR BANK ACCOUNT. THIS METHOD IS QUICKER, SAFER AND MORE RELIABLE THAN PAYMENT BY CHEQUE. IF YOU WOULD LIKE US TO DO THIS, PLEASE COMPLETE THE FOLLOWING:

Name of your Bank/Building Society:			
Bank Sort Code:			
Account Number:			
Name of Account Holder(s):			

If you are an EU resident and wish your funds to be transferred to your European Bank, please complete the following:

Name and address of your Bank:

The bank account number or International Bank Account Number (IBAN):

The SWIFT Bank Identifier Code (SWIFTBIC):

Name of Account Holder(s):