

Travel Insurance claim

Linkham Services
Unit/Office 36, 88-90 Hatton Garden
London, EC1N 8PN

Claim Ref:

Please answer all the questions contained in this claim form, leaving items blank, using ticks, dashes and N/A may make it necessary for us to return your claim forms or lead to us asking unnecessary questions thus delaying the processing of your claim.

NOTICE: WE WILL NEED YOUR INTERNATIONAL BANK ACCOUNT DETAILS (IBAN AND SWIFT CODES INCLUDED) AS ANY REIMBURSEMENT WILL BE PAID BY INTERNATIONAL BANKING TRANSFER.

Personal details - Required for all claims

Claimant Details	Mr/Mrs/Miss/Ms	<input type="text"/>	Home Address	<input type="text"/>		
	Surname	<input type="text"/>		<input type="text"/>		
	Forenames	<input type="text"/>		<input type="text"/>		
	Date of birth	<input type="text"/>	Postcode	<input type="text"/>		
	National Ins No.	<input type="text"/>	Tél. personnel	<input type="text"/>	Work tel.	<input type="text"/>
	Nationality	<input type="text"/>	E-mail	<input type="text"/>		
	IBAN	<input type="text"/>				
	SWIFT (BIC)	<input type="text"/>				
	Account Holder	<input type="text"/>				

Policy and travel details		Type and amount of claim	
		Policy Benefit	£'s / €'s Claimed
Policy number	<input type="text"/>	Medical Expenses abroad	<input type="text"/>
Date issued	<input type="text"/>	Hospital Expenses	<input type="text"/>
Departure date	<input type="text"/>	Convalescence Benefit	<input type="text"/>
Return Date	<input type="text"/>	Cancellation	<input type="text"/>
No. In party	<input type="text"/>	Baggage Delay	<input type="text"/>
Destination(s)	<input type="text"/>	Loss/Damage/Theft of baggage	<input type="text"/>
		Legal Expenses	<input type="text"/>

Important Note: Some of the benefits detailed may not be available upon the policy you hold.

It is against the law to submit a fraudulent insurance claim. If your claim is found to be fraudulent your claim will be declined and the authorities informed.

1. I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would effect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Linkham Services nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.

2. I/We understand that the information on this form will be passed to or used by Linkham Services for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.

3. I/We give my/our authority to Linkham Services to contact my household insurers or medical insurers or other travel insurers regarding a contribution.

I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimants Name	Claimants Signature	D.O.B.	Dated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Claim Ref:

Documents you need to send us - SEND ORIGINAL DOCUMENTS BUT PLEASE KEEP COPIES FOR YOUR RECORDS

1. Insurance policy invoice.
2. Boarding card.
3. If your claim is for property lost or damaged whilst in the custody of the airline company please forward a copy of their or their agents report, their written confirmation that no payment has been issued to you and your boarding card and baggage tags.
4. For all personal possessions, valuable and precious objects claimed please provide pre-loss supporting documentation in the form of receipts or visa/bank statements showing the purchase of the items claimed for. Please also forward the manuals and guarantee documentation for any watches, cameras or electronic goods claimed for.
5. Damage claims only - please provide an estimate for repair or if the item is damaged beyond repair we require written confirmation of this from a relevant tradesman, please retain all damaged items as we may require them to be forwarded to our offices.
6. Baggage delay claims only - receipts for necessary purchases of clothing and toiletries and the airline company confirmation of the incident and the date and time your luggage arrived.

Important - please number all receipts for expenses incurred or pre-loss supporting documentation and put the number in the column headed " Ref No " when detailing the expenses or items for which your claiming on page 2.

Please provide a written explanation as to why if you are unable to supply any of the documentation requested.

Please answer ALL questions below - BLOCK CAPITALS PLEASE

1. Where and when did the loss, theft or damage occur?

Date and time the loss, theft or damage was discovered.

 / /

Place of incident (country and resort or town)

3. Was the incident reported to the:

	Date	Time	Reference
Police			
Carrier (airline company)			

2. Baggage delay claims only.

(a) Date and time of your arrival in resort. / /

(b) Date and time you received your luggage. / /

(c) Length of delay.

(d) Compensation received from the airline company, please provide documentary evidence of this. If no compensation received please state.

(e) Flight number

4. Detail below the circumstances surrounding the incident and the precautions taken to protect your property, continue on a separate sheet if necessary.

5. Where were the items at the time of the loss, theft or damage ?

6. Loss and theft claims only - what actions did you take to attempt recover your property?

7. Other Insurance

a. Details of your Household Insurance

Insurer Name

Insurer Address

Post Code

Policy No. :

Details of any previous household or travel insurance claims.

b. Has a claim been submitted with any other insurer e.g. your household insurer or to the airline company ?

YES NO

If yes, give details and a claim reference number below:

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Claim Ref:

IMPORTANT NOTE : THIS POLICY IS AN INDEMNITY POLICY WHICH WILL RESTORE THE SITUATION TO WHAT IT WAS AT THE TIME OF LOSS : THE VALUE OF ITEMS CLAIMED FOR IS CALCULATED, NOT AT REPLACEMENT AS NEW VALUES, BUT AT WORTH AT THE TIME OF LOSS, TAKING AGE AND DEPRECIATION INTO ACCOUNT, I.E. SECONDHAND REPLACEMENT COST.

Please complete the sections below that are relevant to your claim - BLOCK CAPITALS PLEASE

Details of damaged, stolen, destroyed or lost Personal Baggage (continue on a separate sheet if necessary)

Please provide full details of each item claimed for. (For cameras give make and model number, lens details etc. for watches give make, model, nature and quality of metal from which the case was made, type of strap, number of jewels etc. For jewellery give nature and quality of the metal content, size and type of stones etc.). Purchase receipts and valuations must be provided.

Ref No.	Description of item	Owner	Place of Purchase	Date acquired	Purchase method	Purchase cost	Replacement cost	Office use only

Details of damaged, stolen, destroyed or lost Personal Baggage (continue on a separate sheet if necessary)

Ref No.	Claimant name	Description of item	Date	Cost	Currency	Office use only

