

# Notification Claim Form



Type Of Claim: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Important information / What next?

1. Please complete the attached claim form
2. Any additional notes/comments please attach to the back of this form
3. Please list supporting documentation that will be attached to this claim

form: a)

\_\_\_\_\_

b)

\_\_\_\_\_

c)

\_\_\_\_\_

d)

\_\_\_\_\_

e)

\_\_\_\_\_

f)

\_\_\_\_\_

4. Please post the completed claim form along with any attachments to:

OSG  
Merrion Hall  
Strand Road  
Sandymount  
Dublin 4  
Ireland

## Policy Information:

Policy Number:

\_\_\_\_\_

Purchased from:

\_\_\_\_\_

Type of Policy:

\_\_\_\_\_

Dates covered:

\_\_\_\_\_

Additional Cover:

\_\_\_\_\_

# Notification Claim Form



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Medical Conditions:

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Endorsements:

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## Claimant Details:

Full Name:	Date of Birth:	Job Title:	Nationality:	Place of Birth:

## Travel Details:

Date of booking the trip:

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Departure Date:

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Return Date:

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Destination Country:

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Purpose of trip:

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What are you claiming for?:

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Amount:

€

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# Personal Effects, Money and Documentation Claim Form



Please TICK



Loss

Theft

Damage

Delay

Other

If other, please provide details

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1. Date of loss/ theft or damage \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

2. Full Circumstances of the incident – Continue on separate paper if necessary

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Was the loss/theft/damage reported to the courier?

Yes  No  Date \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Reference: \_\_\_\_\_

Was the loss/theft/damage reported to the airline?

Yes  No  Date \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Reference: \_\_\_\_\_

Was the loss or theft reported to the police?

Yes  No  Date \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Reference: \_\_\_\_\_

If no report made/ obtained please state the reason why:

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# Personal Effects, Money and Documentation Claim Form



Please list below items claimed for loss/ theft or damage: (Continue on further sheet if required)

Description of item claimed	Shop Purchased	Date/ Year Purchased	Owner of Item	Price originally paid	Amount claimed	Office use Only

Total Claimed: €

Money – Please note unless evidence is supplied of the currency conversion used i.e.) bank statement, we will use websites to confirm the exchange rate conversion on the date of loss.

Amount claimed in sterling	Currency lost/ stolen	Date Purchased/ withdrawn	Owner of the money	Exchange Rate used/ evidence supplied

# Personal Effects, Money and Documentation Claim Form



## Loss of Documents / Passport

Description of Document lost/ stolen i.e.) Passport/ tickets	Date / year issued or purchased	Owner of item	Amount claimed

## Please complete below for Delayed Baggage claims ONLY

- Date and time of your arrival at your destination \_\_\_\_\_
- Date and time your received your luggage \_\_\_\_\_
- Length of time your luggage was delayed \_\_\_\_\_
- Have you submitted a claim to a third party (i.e. Airline)? : Yes  No  If YES, please provide details: \_\_\_\_\_

Have you received any compensation?: Yes  No

If YES, please confirm the amount received: € \_\_\_\_\_

Flight Number: \_\_\_\_\_ Flight Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Airline: \_\_\_\_\_

## IMPORTANT: Please list all emergency items purchased and submit all ORIGINAL receipts

Essential Item purchased	Date Purchased	Receipt supplied (Please Tick)	Amount Claimed	Office use Only
		Yes <input type="radio"/> No <input type="radio"/>		
		Yes <input type="radio"/> No <input type="radio"/>		

# Personal Effects, Money and Documentation Claim Form



	Yes <input type="radio"/>	No <input type="radio"/>	
	Yes <input type="radio"/>	No <input type="radio"/>	
	Yes <input type="radio"/>	No <input type="radio"/>	
	Yes <input type="radio"/>	No <input type="radio"/>	

**Household Insurance** – Insurance companies have an agreement that if you have two policies covering the same circumstances, each company will split the cost of the claim between them. It is a condition of your policy that you advise us if you have any other policies have potential cover elsewhere. It is unlikely that you will lose any 'no claims bonus' attached to your policy but if you have any concerns we suggest you contact the relevant insurer. Even if you do not own the house you are living in, you may still be covered under any household contents insurance policy and you must supply us with this information.

Please confirm the following:

Do you hold any household contents insurance? Yes  No

If YES, please provide policy number and details below:

Policy Number:

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Insurers Name:

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Insurers Address:

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Do you hold any form of bank account/ credit card that offers you complimentary travel insurance that cover the circumstances surrounding your claim?

Yes  No

If YES, please confirm the following:

Card number:

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Issuing Bank:

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Card Type (Gold, Platinum, Premier):

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Has a claim to a third party been submitted? Yes  No  If YES, please provide details:

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# Personal Effects, Money and Documentation Claim Form



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Is there any other relevant policy that may cover the circumstances surrounding your claim? Other policies, Barclaycard, Amex

Yes  No

If YES, please provide details:

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If the claim is in relation to injury please confirm the following:

1. An outline of the circumstances giving rise to the accident

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2. If a third party was involved the name and address of the Third Party and their insurance details if known

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3. In the event that you are pursuing a claim for damages against a Third Party please provide the name and address of any solicitor who may have been appointed and their reference number

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4. If no Third Party was involved please clarify who or what was at fault and why

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# Personal Effects, Money and Documentation Claim Form



If your claim is agreed, please provide your banking details below for payment:

Confirm payee name:

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Bank Name:

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Bank Address:

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Bank SWIFT Code:

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Bank IBAN:

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Account Number:

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Account Holder:

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Sort Code:

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Type of Account (Premier, Gold, Platinum etc):

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## DECLARATION

**IMPORTANT- Failure to sign will result in your claim form being returned.**

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not withheld any information within my/our knowledge connected with this claim. I/we agree to provide the insurer with any further information as may be reasonably required. I/we understand that the insurer does not admit liability by issue of this form. **WARNING – the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police with whom we always co-operate.**

## DATA PROTECTION ACT

The insurance industry operates a number of anti-fraud initiatives. The information given on this form may be stored electronically and may be shared with other organisations for this purpose. I/we understand that you may ask for information from other organisations to check the answers I/we have provided.

## IMPORTANT

In the event of a third party being liable, all rights in this matter are subrogated to the travel insurance underwriters or their agents on all settlements of this claim.

Signature:

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Date:

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