

Claim Form



Personal Possessions

Aviva

Travel Claims
PO Box 432
Chichester
West Sussex
PO18 8UE
Tel: 01243 621416
Email: avivatravellclaims@cegagroup.com

PLEASE WRITE IN BLACK INK AND USE BLOCK CAPITAL LETTERS.
ALL SECTIONS MUST BE COMPLETED OR MARKED 'NOT APPLICABLE'.
COMPLETE THE CHECKLIST AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM.

| | |
|--|----------------------------------|
| Name of Policyholder CLEVELAND POLICE FEDERATION JBB | Policy no. 25110273ECA |
|--|----------------------------------|

MAIN POLICYHOLDER DETAILS

| | | |
|------------------------|------------------------|-------------------------------|
| Title | First name | Last name |
| Email address | | Date of birth (DD/MM/YYYY) |
| Full address | | |
| | | Postcode |
| Contact no. Daytime | Contact no. Evening | |

Please complete the information below as we will need this to check your cover with the Federation Office.

| | | |
|---|--|---|
| <input type="checkbox"/> SERVING OFFICER | <input type="checkbox"/> POLICE STAFF | <input type="checkbox"/> RETIRED |
| RANK _____ | STAFF No. _____ | |
| COLLAR/POLICE ID No. _____ | PAY OFFICE _____ | |
| PAY OFFICE _____ | | |

For security purposes please provide a password which will be required to access your claim information
This is for additional security and you may be asked for it when calling Aviva.

INSURED PERSONS DETAILS

| Full name | Date of birth (DD/MM/YYYY) | Relationship to main policyholder | I intend to claim on behalf of: |
|--|-------------------------------|--------------------------------------|------------------------------------|
| IF NOT MAIN POLICYHOLDER AS ABOVE PLEASE STATE NAME BELOW AND OTHER REQUESTED DETAILS | | | |

TRAVEL DETAILS

Please provide a copy of your original itinerary/travel documents.

Please give date and time of loss/ damage/ theft:

Date: _____

Time: _____ AM/PM

In which country did the loss/damage/theft occur:

Please give full details of the loss/damage/theft

To whom was the loss/damage/theft reported? (please see notes below and provide a copy of this report)

On which date was the loss/damage/theft reported?

If article(s) lost/stolen:

What steps were taken regarding recovery of the article(s)?

Please provide any written evidence

If article(s) damaged:

Please supply estimates for cost of repairs or a letter from a reputable dealer confirming irreparably damaged.

Please supply receipts - if not available please supply replacement estimates/ invoices.

Is any property lost/damaged/stolen insured by any other company? YES / NO

If YES, please supply name, address, telephone number and policy number

Please supply name, address, telephone number and policy number of household contents insurers.

Have you had any previous claims on this type of insurance? YES / NO

If YES, please give details with relevant dates:

FOR PERSONAL MONEY CLAIMS

| Owner of Currency | Type & Amount | Rate of Exchange | Original Receipt Enclosed Y/N – if N please detail why | Where Purchased? |
|-------------------|---------------|------------------|--|------------------|
| | | | | |
| | | | | |
| | | | | |

PAYEE'S BANK DETAILS

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: _____

Address: _____

Postcode: _____

Bank Sort Code:

Account Number: _____

Name of Account Holder(s): _____

DATA PROTECTION

Information You or the Insured Person supplied may be used for the purposes of insurance administration by Us, its associated companies and agents, by reinsurers and Your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing of Our compliance with any regulatory rules/codes. Your and the Insured Person(s) information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, We or Our agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the Us (such as loss adjusters or investigators).

With limited exceptions, and on payment of the appropriate fee, You or the Insured Person have the right to access and if necessary rectify information held.

DECLARATION

I declare that all the information given is to the best of my knowledge and belief, full true and correct.

SIGNED

DATE

TO BE COMPLETED AT THE FEDERATION OFFICE Where possible please endorse with official stamp

I certify that the claimant is a member of the Scheme.

USE OFFICIAL STAMP

SIGNED

DATE

CHECKLIST

Please return the completed claim form together with any enclosures to Federation Office and please ensure:

- You have completed **all** relevant questions on this claim form
- You have enclosed all requested original documents (we recommend you retain copies)
- You have signed this claim form

As failure to do so will result in delay in handling your claim.