

PERSONAL LIABILITY CLAIM FORM

Claim Number:



Avanti Claims 308-314 London Road, Hadleigh,
Benfleet, Essex SS7 2DD
Tel: 01403 288122 Fax: 01702 427173
email: info@csal.co.uk / www.csal.co.uk

Please use the address to the left 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.

Date:

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
ORIGINAL RECEIPT(S) (for any expenditure that you were required to make)				
WITNESS STATEMENTS				
PHOTOGRAPHS (any photographs taken of the property that was damaged)				
CERTIFICATE OF INSURANCE (or other proof of payment of insurance premium i.e. the Tour Operators booking invoice)				
HOLIDAY BOOKING INVOICE as issued by the booking Agent & Tour Operator (if applicable)				
TOUR OPERATORS CANCELLATION INVOICE (Abandonment only)				
THE TRAVEL TICKETS (i.e. Flight coupons/ferry tickets)				
A PHOTOCOPY OF YOUR PASSPORT (page showing your photograph, name and date of birth; this is required to verify the identity of the claimant(s))				

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

CLAIMANT DETAILS		
Q01. Title:	First Name(s):	Surname:
Q02. Date of Birth: / /	Present Age:	
Q03. Occupation:		
Q04. Address:		
		Post Code:
Q05. Home Tel:	Mob Tel:	Work Tel:
Email:		

HOLIDAY & INSURANCE DETAILS			
Q06. Holiday booking date: / /	Period from: / /	Period to: / /	Number of days:
Q07. Number of people in your party:	Q08. Holiday Country & Destination:		
Q09. Name of the travel agent who issued the policy:			
Q10. Travel Insurance Policy Number (as shown on your validation certificate):			
Q11. Policy issue Date (very important): / /			
Q12. 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. Please provide full details of the incident

Important note: Your claim may be prejudiced should you make any admission of liability, unless you have our specific authority to do so.

PARTICULARS OF CLAIM

Q14. Name of person(s) claiming against you:

Q15. Full address (with Postcode):

Q16. Who do you consider responsible?

Q17. Do you have any other insurance which would cover this eventuality? **YES / NO**

DETAILS OF OTHER INSURANCES - Failure to provide the information requested below may delay your claim

Some bank accounts and credit cards come with travel insurance benefits and if you did have cover of this nature we may seek a contribution from the other company once your claim is settled. A loss that is covered by more than one policy will routinely be shared so each Insurer can keep their premiums as competitive as possible, but the contributing Insurer cannot alter the price of terms of its policy unless there has been a claim direct from a policyholder.

Name of Bank / Building Society:

Type of Account:

Sort Code:

Account Number:

Did you pay for your trip with a credit card? **YES / NO**

Card Number:

Card Type e.g. Platinum / Gold / Premier:

Do you or any of the insured party have any other insurance(s) that may cover you for this claim? **YES / NO**

Name of company:

Policy Number:

Name of company:

Policy Number:

Name of Company:

Policy Number:

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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

PLEASE ENSURE THAT ALL RELEVANT DOCUMENTATION IS THE ORIGINAL AND NOT A PHOTOCOPY

BROKER

Did you arrange your insurance via a broker? If so do you consent to us discussing your claim with them directly (if required)? **YES / NO**

Name of Broker:

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.

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