

Report Form for Personal Belongings, Business Equipment and Money Claim

This file is a fillable pdf form. Please complete all questions – if any question is not applicable please state “N/A”.

Insured Details

Name of Policyholder

If a Subsidiary of the Policyholder please provide Company Name

Policy Number

Relationship to Policyholder Director ☐ Employee ☐ Student ☐ Contractor ☐ Volunteer ☐ Consultant ☐ Other ☐

If Other – please provide details

Please confirm the Country Contracted to by the Insured Person(s)

Full Name of Insured Person

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Date of Birth / /

Insured Person's Full Address

Street

City **County**

Country **Postcode**

Email

Tel no. **Fax**

For security purposes please provide a password which will be required to access your claims information

Full Name of Claimants

<input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to the Insured Person eg, Partner, Son, Daughter	<input type="text"/>
<input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to the Insured Person eg, Partner, Son, Daughter	<input type="text"/>
<input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to the Insured Person eg, Partner, Son, Daughter	<input type="text"/>

Travel Details

Type of Travel Business ☐ Holiday ☐ Please give date of loss/damage/theft / /

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 estimate 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

Have you had any previous claims on this type of insurance?

Yes

☐

No

☐

If Yes, please give full details with relevant dates

Notes

- 1 All losses should be reported to the local police and report obtained. This should be attached to this claim form.
- 2 All losses or damaged property which occurred whilst in the custody of an airline should be reported and a Property Irregularity Report (PIR) Form obtained. This should be attached to this claim form together with ticket stubs.

Particulars of Claim

Full description of each item of property lost, damaged or stolen	State to whom property belonged	Date of Purchase	Original Cost Price Currency	Amount Claimed	Receipts/ Replacement Estimates Attached
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
Please ensure you provide receipts or proof of ownership				Total Sum Claimed	<input type="text"/>

Data Protection

In order to administer this claim, the personal information provided above will be used by Chubb European Group SE, Aon UK Limited and in the event of an EEA exposure claim One Underwriting B.V. acting through its UK branch.

For details of how we use personal information, including our lawful bases for processing such information, please see our Privacy Notice.

Sensitive personal information relating to others

In order to process certain information, for example health or other sensitive personal information (known as special category personal data) concerning other individuals related to your claim (e.g. information about your spouse, civil partner, child(ren), dependents or other third parties) we are required to obtain consent. In providing such information, you confirm the relevant individuals have appointed you to act for them to consent to the processing of their special category personal data and that you have provided these individuals with a copy of our Privacy Notice.

- Please tick the box below to consent to us processing the special category personal data relating to above individuals and the sharing of this information with our group companies or other third parties such as insurers, brokers, loss adjusters, credit reference agencies, service providers, professional advisors, regulators or fraud prevention agencies where necessary for purposes associated with processing the claim

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Where consent is provided, the individuals concerned are entitled to subsequently withdraw consent at any time by emailing aum.claims@aon.co.uk. However, withdrawing consent may mean we are unable to process the claim.

Conflicts of Interest

Please note: Aon Underwriting Managers (AUM) is a Managing General Agent which is part of Aon UK Limited and is authorised by the Insurer to handle claims under the AonProtect scheme and will do so under the terms and conditions of the policy. Aon Underwriting Managers are therefore acting for the insurer. Any objection to this arrangement should be raised when first reporting the claim.

One Underwriting B.V. acting through its UK Branch has appointed Aon UK Limited trading as Aon Underwriting Managers to perform certain administrative services on its behalf.

Declaration

By signing/inputting my name below and submitting this form I consent to the above data protection disclosure and I declare that all information given is to the best of my knowledge and belief, full, true, accurate and correct. **Please print and sign.**

Print Name

Signed

Date

 / /

Payee Advices

All claims payments will be issued payable to the policyholder (your employer/company) and not the claimant unless Aon Underwriting Managers (AUM) has received prior authorisation to pay the claimant direct.

However, if you are the claimant and require any payment to be made to yourself, your Company Insurance Administrator or Line Manager will need to provide written/emailed authorisation to Aon Underwriting Managers (AUM).

Bank Details

When the claim has been approved and once we have received written confirmation from the policyholder to issue any payments due direct to the claimant, you may have the payment credited direct to your bank account. This payment method is both speedier and safer than payment by cheque. If you would like to take advantage of this arrangement, please complete the following:

[illegible]

Documents Required

Original travel documents (*these can be returned to you where necessary*)

Enclosed ☐ To follow ☐

Itinerary

Enclosed ☐ To follow ☐

Police report or loss report, from the appropriate recognised authorities

Enclosed ☐ To follow ☐

Proof of ownership

Enclosed ☐ To follow ☐

If loss occurred in transit and involves an airline or similar carrier, the loss/damage must be reported to the relevant authority and a Property Irregularity Report (PIR) obtained

Enclosed ☐ To follow ☐

Replacement estimates

Enclosed ☐ To follow ☐

Proof of withdrawal for all money claims

Enclosed ☐ To follow ☐

Proof of compensation from airline/carrier

Enclosed ☐ To follow ☐

Please Ensure

- 1 You have completed ALL relevant questions on the claim form.
- 2 You have enclosed all requested information/documentation.
- 3 You have signed this claim form.

Failure to do so will result in a delay in handling your claim.

Thank you for completing this form.

IMPORTANT

Please print and sign this form and return to:

Insurance Team
University of Oxford Finance Division
23-38 Hythe Bridge Street
Oxford
OX1 2ET

t +44 (0)186 561 6078

Or scan and email to: insurance@admin.ox.ac.uk