

Report Form for Personal Belongings, Business Equipment and Money Claim

This file is a fillable electronic 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

Full Name of Insured Person

Mr Mrs Miss Ms Date of birth / /

Insured Person's Full Address

Street

City County

Country Postcode

Email Tel Fax

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

Full Name of Claimants

Date of Birth / / Relationship to the Insured Person
e.g Partner, Son, Daughter

Date of Birth / / Relationship to the Insured Person
e.g Partner, Son, Daughter

Date of Birth / / Relationship to the Insured Person
e.g Partner, Son, Daughter

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

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
		dd / mm / yy			Yes <input type="radio"/> No <input type="radio"/>
		dd / mm / yy			Yes <input type="radio"/> No <input type="radio"/>
		dd / mm / yy			Yes <input type="radio"/> No <input type="radio"/>
		dd / mm / yy			Yes <input type="radio"/> No <input type="radio"/>
		dd / mm / yy			Yes <input type="radio"/> No <input type="radio"/>
		dd / mm / yy			Yes <input type="radio"/> No <input type="radio"/>
		dd / mm / yy			Yes <input type="radio"/> No <input type="radio"/>
Please ensure you provide receipts or proof of ownership				Total Sum Claimed	

Data Protection

In order to administer your claim, this information will be used by Chubb European Group Limited and Aon UK Limited. It may be held on computer and/or in manual files for administration and risk assessment purposes. We may disclose your personal data and sensitive data to reinsurers, the policyholder and the AuMine claims database, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries (which do not provide the same level of data protection as the UK) if necessary for the above purposes. If we do make such a transfer we will, if appropriate, put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

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.

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 Claims 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 Claims.

