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 policyholde	r please provide comp	bany name					
Policy Number							
Relationship to Policyholder	Director 🔵 Emp	loyee 🔵 Studer	nt 🔿 (Contractor 🔘	Volunteer 🔵	Consultant 🔘	Other 🔵
If Other – Please provide details							
Full Name of Insured Person							
	Mr O Mrs O	Miss 🔵 N	1s 🔵		Date of birth	dd / mm /	уууу
Insured Person's Full Address							
Street							
City			County				
Country			Postcode				
Email			Tel		Fa	ax	
For security purposes please pro	vide a password whicl	h will be required to a	access your	claims informati	on		
Full Name of Claimants							
		Date of Birth dd	/ mm /	уууу	Relationship to the I e.g Partner, Son, Da		
		Date of Birth dd	/ mm /	уууу	Relationship to the I e.g Partner, Son, Da		
		Date of Birth dd	/ mm /	уууу	Relationship to the I e.g Partner, Son, Da		
Travel Details							
Type of Travel	Business 🔘	Holiday 🔵	Ρ	lease give date of	f loss/damage/thef	t dd/mm	/ уууу
In which country did the loss/dar	nage/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?



No (

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 $\begin{tabular}{c} \label{eq:constraint} Yes \end{tabular}$	Have you had any p	previous claims on this type of insurance?	Yes (Ĵ
--	--------------------	--	-------	---

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
		dd / mm / yy			Yes No
		dd/mm/yy			Yes No
		dd/mm/yy			Yes No
		dd/mm/yy			Yes No
		dd/mm/yy			Yes No
		dd/mm/yy			Yes No
		dd/mm/yy			Yes No



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 Attac	ched
		dd/mm/yy			Yes No	
		dd/mm/yy			Yes No	
		dd/mm/yy			Yes No	
		dd / mm / yy			Yes No	
		dd/mm/yy			Yes No	- O
		dd/mm/yy			Yes No	\sim
		dd/mm/yy			Yes No	\sim
Please ensure you provide receipts or pro	oof 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
		dd/mm/yyyy

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.



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:

Bank name	Sort Code Swift Code Swift Code
IBAN Code	
Bank Address	
Account Name	
Account Number	

Documents Required

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

Itinerary

Police report or loss report, from the appropriate recognised authorities

Proof of ownership

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

Replacement estimates

Proof of withdrawal for all money claims

Proof of compensation from airline/carrier

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.

Enclosed To follow Enclosed To follow

To follow

IMPORTANT

Enclosed

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

Aon Underwriting Managers is a trading name of Aon UK Limited which is authorised and regulated by the Financial Conduct Authority. Published by Aon UK Limited. © Copyright Aon UK Limited 2017. All rights reserved.



v3/04.2017 | AON11475