

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

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

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
		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 Attached
		/ /			Yes ☐ No ☐
		/ /			Yes ☐ No ☐
		/ /			Yes ☐ No ☐
		/ /			Yes ☐ No ☐
		/ /			Yes ☐ No ☐
		/ /			Yes ☐ No ☐
		/ /			Yes ☐ No ☐
		/ /			Yes ☐ No ☐
		/ /			Yes ☐ No ☐
		/ /			Yes ☐ No ☐

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 SE, Aon UK Limited and in the event of an EEA exposure claim One Underwriting B.V. acting through its UK branch. 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 our 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.

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

 / /

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.

Bank Details

[illegible]

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

Enclosed ☐ To follow ☐

Enclosed ☐ To follow ☐

Enclosed ☐ To follow ☐

Enclosed ☐ To follow ☐

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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:

Aon Underwriting Managers | Claims

Grosvenor House

65–71 London Rd

Redhill

Surrey

RH1 1LQ

t +44 (0)1737 783 740 | f +44 (0)1737 783 741

Or scan and email to: **aum.claims@aon.co.uk**