

Personal Effects and Money Claim Form



THANK YOU FOR NOTIFYING US OF YOUR CLAIM
PLEASE COMPLETE ALL QUESTIONS - IF ANY QUESTION IS NOT
APPLICABLE PLEASE STATE "N/A"

Name of Institution (University, College etc):
Certificate No:
Date on which Travel commenced:

Full Name of Person Covered:	Date of Birth:
Title (Mr, Mrs, Miss, Ms):	
Full Address:	
	Postcode:
Tel No. (Business):	(Home):
Email:	

Full Name of other Persons Covered	Date of Birth	Relationship
1		
2		
3		

PLEASE ENSURE YOU SIGN THE DECLARATION ON THIS CLAIM FORM

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 how the loss/damage/theft occurred:
(Specify location and whether from a building or vehicle)

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 estimates for cost of repairs or a letter from reputable dealer confirming irreparably damaged.
Please supply original receipts.

Is any property lost/damaged/stolen, insured by any other company? YES/NO

If Yes, please supply name, address, telephone number and policy number:

Please supply name, address, telephone number and policy number of household contents insurer:

Has the Person Covered had any previous claims on this type of insurance? YES/NO

If YES, please give full details with relevant dates:

Notes

1. All losses must be reported to the local police and report obtained. This should be forwarded to UMAL.
2. All losses or damaged property which occurred whilst in custody of airline must be reported and Property Irregularity Report Form obtained. This should be forwarded to UMAL together with the ticket stubs.

PLEASE ENSURE THE 'PARTICULARS OF CLAIM' SECTION IS FULLY COMPLETED

PARTICULARS OF CLAIM

Full description of each item of property/money	State to whom property belonged	Date of purchase	Original purchase cost		Amount Deducted for depreciation /wear & tear		Amount claimed		Original purchase receipts enclosed (Y/N)
					TOTAL SUM CLAIMED				

PLEASE ENSURE YOU PROVIDE ORIGINAL RECEIPTS FOR ALL ITEMS.

DECLARATION

I declare that the information given is to the best of my knowledge and belief, full, true and correct.

Signed: _____ Date: _____

PLEASE ENSURE

(√)

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

As failure to do so will result in delay in handling your claim.

Please return the completed claim form together with any enclosures to:

U.M.Association Ltd & Hasilwood Management Services Ltd,5 St Helen's Place ,London EC3A 6AB

Thank you for fully completing this form.