
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'

This form can be completed electronically or by hand. Please send the completed form together with all relevant correspondence to: **U.M. Association Ltd & Hasilwood Management Services, 5 St Helen's Place, London EC3A 6AB**
Telephone: 020 7847 8670 Fax: 020 7847 8689 Email: alison.terry@umal.co.uk

Please note: Windows 10 users viewing this form in MS Edge or Mac Users viewing in Preview may encounter problems saving the information entered. To avoid this, please ensure you have downloaded this form and are viewing it in the latest version of Acrobat Reader.

Name of Institution (University, College etc)	Certificate no.
<input type="text"/>	<input type="text"/>

Date on which travel commenced	<input type="text"/>	Date on which travel due to end	<input type="text"/>
--------------------------------	----------------------	---------------------------------	----------------------

Full name of person covered (Mr, Mrs, Miss, Ms)	Date of Birth
<input type="text"/>	<input type="text"/>

Full address including postcode

Telephone no.	Email
<input type="text"/>	<input type="text"/>

Full name of other persons covered	Date of Birth	Relationship
1 <input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>

Please ensure you sign the declaration on the last page of this claim form

Travel Details

Type of travel: Business Holiday Placement Internship

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

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

All losses must be reported to the local police within 24 hours and report obtained. This should be forwarded to UMAL.

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

Please ensure the 'Particulars of Claim' section on page 3 is fully completed

Declaration

This form can be signed using a Digital Signature. Instructions are provided in the signature box below. For further information please click here (<https://helpx.adobe.com/acrobat/using/certificate-based-signatures.html>). If you prefer, the form can be signed by hand, scanned and emailed or posted to us.

Name	Signature
Position	
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.

Thank you for fully completing this form.