
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'

Please send the completed form together with all relevant correspondence to:

U M Association Ltd, 5 St Helen's Place, London EC3A 6AB

Telephone: 020 7847 8670 Fax: 020 7847 8689 Email: claims@umal.co.uk

Name of Institution (University, College etc)

Certificate no.

Date on which travel commenced

Date on which travel due to end

Full name of person covered (Mr, Mrs, Miss, Ms)

Date of Birth

Full address including postcode

Telephone no.

Email

Full name of other persons covered

Date of Birth

Relationship

1

2

3

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

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

Total sum claimed

Please ensure you provide original receipts for ALL items

We have updated our [Privacy Policy](#), to ensure that we continue to handle your data fairly and lawfully, in accordance with the General Data Protection Regulation that came into force on 25 May 2018.

You can review the updated Privacy Policy [here](#).

The Privacy Policy includes information and guidance, such as:

- How we collect, use and store your personal data;
- Your rights in connection with our collection, use and storage of your personal information;
- The circumstances under which we may be obliged to share your personal data with third parties.

By signing this form, you are consenting to the terms of our Privacy Policy.

If you have any questions about our Privacy Policy, you can contact the Data Protection Officer on 020-7847 8670, or by email to DPO@umal.co.uk, or by writing to the Data Protection Officer at 5 St Helen's Place, London EC3A 6AB.

Declaration

Please remember to print this form and sign in the space below before sending the completed form – either in hard copy or as a scanned PDF to the contact details shown at the top of page 1

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.