



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: claims@umal.co.uk, or alternatively send to: U M Association Ltd, 5 St Helen's Place, London EC3A 6AB

Name of Institution (University, College etc.)

Date on which travel commenced or was due to commence

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

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

Details of Expense

All accounts bills, receipts, medical certificates, booking invoices, any correspondence and any other documents relative to this claim should be forwarded to the company.

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
						<input type="checkbox"/>
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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 either digitally sign this form by pressing the red tab in the left hand corner of the signature box below or print and sign 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	<input type="text"/>	Signature	<input type="text"/>
Position	<input type="text"/>		
Date	<input type="text"/>		

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.