



Personal Property and Money Claim Form: Loss, Damage or Delay (Temporary Loss)

GlobeCover Personal Accident & Travel Insurance

The claimant should complete and sign this form. If the claimant is under 18 years of age, this form should be completed by one of their parents or legal guardians. If the claimant is unable to complete this form, the person completing and signing this form should give their details in the Declaration on page 4.

Please note: You may be able to process your claim for the loss, damage or delay of your personal property without filling in this form. Call [Concierge Claims Service](#) on +44 (0)20 8253 7474. This service is designed to conclude over 90% of baggage and money claims within 15 minutes on the phone.

PART 1 – DETAILS OF THE INSURED

Details of the policyholder (insured company)

Policy number	<input type="text"/>			
Name of the company	<input type="text"/>			
Address	<input type="text"/>			
	Postcode	<input type="text"/>	Country	<input type="text"/>

Does the claimant work at this address? Yes No

If not where does the claimant work? (Please name branch/subsidiary and location)

If you claim as a company representative (HR, Finance, etc) please provide your details

Full name	<input type="text"/>
Position	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Is this claim payable direct to the company? Yes No

Details of the claimant (the person who suffered the personal property loss, damage or delay)

Full name	<input type="text"/>			
Address	<input type="text"/>			
	Postcode	<input type="text"/>	Country	<input type="text"/>

Telephone number	<input type="text"/>
Email address	<input type="text"/>
Date of birth	<input type="text"/>
Occupation	<input type="text"/>

Relationship to policyholder Employee Spouse of an employee Visitor
 Contractor Child of an employee Other (please state)

If the claimant is a spouse or child of an employee, please provide the name of the employee

PART 2 – DETAILS OF THE CLAIM

Details of the trip

Travel destination	From	<input type="text"/>	To	<input type="text"/>
Scheduled dates of the trip	From	<input type="text"/>	To	<input type="text"/>
Travel order number (if applicable)	<input type="text"/>			
Reason for travel	<input type="checkbox"/> Business trip	<input type="checkbox"/> Leisure	<input type="checkbox"/> Long term secondment	
Country where loss occurred	<input type="text"/>			

Details of loss, damage or delay (temporary loss)

Give details of the lost, damaged or delayed items	<input type="text"/>
Where and when did the loss, damage or delay occur?	<input type="text"/>
Who discovered it?	<input type="text"/>
When was it discovered?	<input type="text"/>
Cause of loss, damage or delay, e.g. fire, theft	<input type="text"/>
If delayed, how long was the property delayed?	<input type="text"/>
If delayed, when and how was the property returned?	<input type="text"/>

Circumstances of loss, damage or delay (temporary loss)

Police/carrier advised	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police station, if known	<input type="text"/>	
Carrier name, if known	<input type="text"/>	
Have you received any settlement from the carrier directly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'yes', state amount	<input type="text"/>	

Insurance details

Do you have Home Contents/ All Risk Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, company name	<input type="text"/>	
Policy number	<input type="text"/>	
Company address	<input type="text"/>	
Have you made any previous claims on this type of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give full details	<input type="text"/>	
Approximate total value of the insured property at the time of loss	<input type="text"/>	

List of damaged/or lost items (or list of emergency purchases if property was delayed or temporarily lost)

Property description	Name of owner	Name of seller/donor	Address of seller/donor	Item damaged or lost	Date acquired	Price paid	Replacement cost	Amount claimed
Approximate total overall value of insured property at time of loss							Total	
Note: Invoices or receipts should be made available								

PART 3 - PAYMENT DETAILS

Please complete if a payment may be due

Do you require Bank transfer Cheque

If cheque, make payment to

If bank transfer

Name of account holder

Name of the bank

Address of the bank

Account number

Sort code (UK only)

For international transfers only (outside UK)

IBAN (International bank account number)

SWIFT/IBC Code Account currency

PART 4 - HOW WE USE PERSONAL INFORMATION

We are committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to you or other individuals (e.g. your dependants). By providing Personal Information you give permission for its use as described below. If you provide Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of our business operations
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance, including compliance with laws outside your country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of marketing communications contact us by e-mail at: **marketing.uk@aig.com** or by writing to: **Head of Marketing, 58 Fenchurch Street, London EC3M 4 AB, United Kingdom**. If you opt-out we may still send you other important communications, e.g. communications relating to administration of your insurance policy or claim.

Sharing of Personal Information - For the above purposes Personal Information may be shared with our group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to detect and prevent fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer - Due to the global nature of our business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in your country of residence.

Security and retention of Personal Information – Appropriate legal and security measures are used to protect Personal Information. Our service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

Requests or questions - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: DataProtectionOfficer@aig.com or write to Data Protection Officer, Legal Department, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. More details about our use of Personal Information can be found in our full Privacy Policy at http://www.aig.com/_2538_371879.html or you may request a copy using the contact details above.

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PART 5 - DECLARATION

I declare that the whole of the statements made and any other supplementary statements forming part of this claim are true in every respect and understand that a false declaration may invalidate my claim and could result in prosecution.

I give permission for my personal information to be used and shared in the ways described above. I confirm that I will not provide any personal information about another person without that person's permission.

Signed

Date

Details of the person completing the form (if not the claimant)

Full name	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Relationship to claimant	<input type="text"/>
Reason for completing the form on behalf of the claimant	<input type="text"/>

Please include the following documents

- The carrier's property irregularity report (PIR) or letter confirming loss, damage or delay**
- Police reports if applicable**
- Receipts, valuation forms and photos as appropriate**

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY.

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are scanned and emailed or posted to us.

Email: GlobeCover.claims@aig.com
Post: GlobeCover Claims, 3rd Floor, AIG Europe Limited, The AIG Building, 2-8 Altyre Road, Croydon, Surrey CR9 2LG, United Kingdom
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