Claim Form (B)

Cover · More

TRAVEL INSURANCE

Mansfield, Notts, NG19 7BL

Ph 01623 683587

ERV Insurance Services, PO Box 9,

1. Rental Car Insurance Excess

- 2. Luggage, Travel Documents or Money
- 3. Delayed Luggage Allowance

Claim Form (A) is for all other sections of the policy.

To ensure we can assess and finalise your claim as quickly as possible and to avoid unnecessary delays please follow these simple steps.

- Please submit your claim within 31 days of your return date.
- Fully complete the claim form in as much detail as possible.
- Make sure you use the checklists through out the claim form and supply us with the required original documents to substantiate your claim.
- Double check your claim before you send it to us and sign the declaration on page 1.
 Please keep a copy of your claim. For peace of mind you may wish to send your

COMPLE YOUR DE	TE THIS SECTION FO	R ALL CLAIMS	Clain	n ioim to us	by recorded deliver	y.	
Please tick Email Title Family nam	preferred option for corre Post Given name/s	spondence			also cover your los	de basic travel insuran s. Do you have credit c Type	
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	L CAR INSURANCE EX			, <u></u>			
Original ICopy of t	the itemised repair invoice	ollowing documents: g the excess you were liable e showing the cost of repa en confirmation from then	irs to the vehicle		ole by them		Attached 🗹
Date of inci	ident Time	Count	try		Location		
		AM/PM					
Please advi	se how the accident/dama	age/theft occurred to your	rental car?				
	mage occur whilst an unsealed surface?	Excess you	were liable to p	eay Re	pair costs	Amount y	you are claiming

	MAGE OF LUGGAGE, 1	TRAVEL DOCUM	ENTS OR M	IONEY			
Please ensure that you at	tach the following doc	uments:				,	Attached 🗹
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 Other Items: Original (not consideration are warrant 	photocopy) purchase red	ceipts (or duplicate	es from the p	olace of purc nts, photogr	hase) are best. Other doc aphs or packaging	uments you may submit	for \square
 Damaged Items: Obtain from 	, , ,	, ,	•		•	damaged beyond econom	ic repair \square
 Copies of receipts for rep 	lacement items if you ha	ave replaced the ite	ems which w	ere lost, sto	len or damaged		
Date of incident	Time	Country			Location		
] [/PM					
Please advise how the loss relation to your person at t	/theft/damage occurred. he time. Please attach a	If the incident occ letter if more space	urred while t ce required.	the goods we	ere with you, please detai	il where the goods were	olaced in
Were the Police or a respon	•	Yes No	Report Ref	ference Nun	nber		
If No, please explain why t	his policy requirement v	vas not met:					
Full Description of each ite Must include brand, model		Original purchase			tore name and suburb where purchased	Proof of ownership attached?	Have you replaced this item?
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