PERSONAL EFFECTS / MONEY CLAIM FORM

Please submit your claim to
claims@optimumglobal.com

Personal Data provided in this claim form or submitted as part of this claim will be used and processed by us in line with our Privacy Policy which can be found on our website, or which can be requested from us at any time.

SECTION A: PATIENT DETAILS TO BE COMPLETED BY INSURED MEMBER

Name of Main Applicant: _____ Membership No.: _____ Date of Birth: _____ Sex: _____

Name of other claimants (If other than the main Applicant): _____ _____ _____ _____

Present Contact Address: _____

Telephone number: _____ Email Address for Remittance Advice: _____

SECTION B: SETTLEMENT DETAILS

We settle all eligible claims by bank transfer (EFT), therefore it is important that you confirm your correct bank details every time you make a claim. Should the incorrect bank details be provided we reserve the right to charge an administrative fee to cover any charges incurred due to the error.

Total amount claimed (including currency): _____

Currency of Reimbursement: _____

Bank Transfer – **All fields in the box below are MANDATORY. If the account holder is not the claimant then you must state their relationship with the claimant and provide evidence of their permission for the funds to be transferred to their account (except in the case of a minor):**

Name of Account Holder (as it appears on bank statement): _____

Relationship to claimant _____

IBAN where applicable _____

Routing/intermediary information if required _____

Beneficiary Bank Account number (only if IBAN not applicable) _____

Account Holder address (residential address registered with the bank): _____

_____

Name of Bank, Branch and Location: _____

Swift Code/BIC: _____ Sort Code (for UK banks only): _____

PLEASE NOTE:

- **Bank charges may apply when making bank transfers.**
- **Payments are not made directly to any clinic, physician or medical provider.**
- **If IBAN numbers are not used please ensure that the account number is entered and that the Swift Code/BIC is also completed.**

DECLARATION & AUTHORISATION

I declare that to the best of my knowledge all particulars contained in this form are true and correct. In the event of a third party being liable for loss/damage all rights in this matter are subrogated to Optimum Global on settlement of the claim. If cover exists under any other policy, I give my authority for contribution to be sought from their insurers. I understand that some of the information provided will be made available to other insurers for underwriting or claims handling purposes.

I certify that the above statements and answers are true and complete to the best of my knowledge and belief.

Signature of Main Applicant Date

_____ _____

SECTION C: TRAVEL DETAILS

Travel Destination:

Country: _____

Departure Date: ____/____/____ Return Date: ____/____/____

Purpose of Trip: ☐ Business ☐ Pleasure

SECTION D: CLAIM DETAILS

Date of incident: ____/____/____

Time of incident: ____:____ ☐ **AM** ☐ **PM**

Place of incident : _____

Claim for: ☐ Loss ☐ Damage ☐ Delay

Full circumstances surrounding the claim: _____

_____

_____

_____

The date on which your luggage arrived (if claiming for baggage delay): ____/____/____

When did you report the incident to the Police, Holiday Rep or Hotel?: ____/____/____

When did you report the incident to the relevant airline? ____/____/____

Have you made any personal property claims prior to this claim? ☐ Yes ☐ No

If **yes**, please give details: _____

Do you hold any household all risks/contents insurance? ☐ Yes ☐ No

If **yes**, please give details: _____

Do you hold any travel insurance with your current bank account? ☐ Yes ☐ No

If **yes**, please give details: _____

Have you submitted a claim to any other insurer/authority? ☐ Yes ☐ No

If **yes**, please give details: _____

SECTION E: DETAILS OF ITEMS BEING CLAIMED

Full description of the item being claimed	Shop/Store and location where purchased	Date/Year of Purchase	Evidence of Ownership enclosed?	Initials of owners	Original Price Paid	Amount Claimed (including currency)

SECTION F: GUIDANCE NOTES

The following documentation must be provided in order for your claim to be processed.

ITEM	ENCLOSED
Your original booking invoice which is sent to you at the time of booking your trip. This confirms your outward and return travel dates.	☐

In respect of **loss/theft** claims

Police/Holiday Rep/Hotel report	☐
Property Irregularity Report (given to you by the airline, if applicable)	☐
Please include at least one of the following for each item claimed:	
Purchase receipts	☐
Bank/card statements showing purchases/withdrawals	☐
User manuals, warranty and/or guarantee slips	☐
Valuations issued prior to the date of loss	☐
Photographs of you with the items being claimed	☐
Currency conversion slips (personal money)	☐

In respect of **damaged** articles being claimed

Property Irregularity Report (given to you by the airline, if applicable)	☐
Estimate of repair or confirmation that item are damaged beyond repair (any charge is the responsibility of the claimant)	☐
Please include at least one of the following for each item claimed:	
Purchase receipts	☐
Bank/card statements showing purchases/withdrawals	☐
User manuals, warranty and/or guarantee slips	☐

In respect of **baggage delay** claims

Receipts for the additional items purchased as a result of the delay	☐
Property Irregularity Report (given to you by the airline, if applicable)	☐
Confirmation from the airline of the length of the delay	☐

SECTION G: HOUSEHOLD INSURANCE

To minimise the effect of fraudulent claims Insurers share information about your claim. Insurers contribute to the settlement of each other's claims. This shares the costs and helps to keep your premiums down. This is done in accordance with the ABI Contribution Agreement and if you have a no claims discount this should not be affected.