



Travel Insurance

Boots Travel Claims

PO Box 60108
London
SW20 8US

Tel: 0845 125 3820

Fax: 0870 130 1950

Dear Sir / Madam,

So that we may process your claim as quickly as possible please ensure that you fully complete and sign all the relevant sections and return it to us with the following **ORIGINAL** documentation: (Please note that should you require your original documents returned, you must request this in writing within 90 days of submitting your claim. Only electronic copies of your documents will be stored after this time).

For all claims:

- Flight or travel documents showing your original booking dates, departure dates and return dates to enable us to validate your trip and policy entitlements.

For lost, damaged or stolen ski equipment claims:

- A police report, tour operators / hotel / representative report, crime reference number.
- If the claim is for property lost, stolen or damaged whilst in the custody of a carrier please send used travel tickets and baggage tags, airline Property Irregularity Report (PIR) and any correspondence from the customer services unit of the airline acknowledging the loss or offering reimbursement.
- Proof of ownership/purchase in the form of original receipts for all the items claimed. In the absence of receipts, instruction manuals, packaging, bank statements or photographs will be considered.
- Written confirmation stating the item/s cannot be economically repaired or repair estimate from a reputable retailer alternatively you can send the damaged items to us at your own cost for our inspection.

For pre-paid, unused ski pack claims:

- A letter from the treating doctor, clinic or hospital, confirming the diagnosis and the duration in which the patient was unable to ski.
- Evidence of the pre-paid expenses for which you are claiming e.g. your ski pass/hire equipment purchase receipt.

For ski hire claims:

- Receipts for hire expenses incurred, if your claim is a result of a delay by a carrier please provide a copy of their report and their written confirmation of the date and time that you received your equipment.

For piste closure claims:

- Written confirmation from your holiday or tour rep/ski school/lift operator of the circumstances giving rise to the claim, such as avalanche or little snow. This needs to confirm the percentage of the resort closure and the reason why.
- Copy of your lift pass receipt or trip itinerary detailing the validity dates.
- If an alternative site was available receipts for transport expenses incurred in travelling there.

Chartis Europe Limited changed its company name to AIG Europe Limited on 3 December 2012. This change of name does not impact your insurance cover or your ability to claim.

When we receive your claim submission, we will assess it and correspond with you further in due course.

Yours sincerely,

Travel Claims Department

CLAIM DECLARATION

RETURN POST: Travel Claims Department
PO Box 60108, London, SW20 8US

Date Sent: Claim Ref:

Please answer all the questions contained in this claim form, leaving items blank, using ticks, dashes and N/A may make it necessary for us to return your claim forms or lead to us asking unnecessary questions thus delaying the processing of your claim.

Personal details - required for all claims

Mr/Mrs/Miss/Ms	<input type="text"/>	Home address	<input type="text"/>	
Surname	<input type="text"/>		<input type="text"/>	
Forenames	<input type="text"/>		<input type="text"/>	
Date of birth	<input type="text"/>		<input type="text"/>	
Occupation	<input type="text"/>	Postcode	<input type="text"/>	Mob. No <input type="text"/>
National ins. No.	<input type="text"/>	Home tel.	<input type="text"/>	Work tel <input type="text"/>
Nationality	<input type="text"/>	Email	<input type="text"/>	

Please CIRCLE your preferred method of contact:

EMAIL / WORK TEL / HOME TEL / MOBILE / POST

Policy details

Policy number	<input type="text"/>		
Date issued	<input type="text"/>		
Policy start date	<input type="text"/>	Policy end date	<input type="text"/>
Date the loss occurred	<input type="text"/>	Number of insured travellers	<input type="text"/>

Please advise the section(s) of the policy you are making the claim under:

Total amount claiming

Travel details

Travel booking reference	<input type="text"/>	
Travel agent / Tour operator	<input type="text"/>	
Date of booking holiday	<input type="text"/>	No. in party <input type="text"/>
Depart date	<input type="text"/>	Return date <input type="text"/>
Total days	<input type="text"/>	
Destination country	<input type="text"/>	
Destination city	<input type="text"/>	

How we use your information

Information which you supply to us, including sensitive information relating to health or a medical condition, may be used in a number of ways, for example:

- to assess and process your claim
- to prevent crime (including fraud and money laundering)
- for audit, record keeping, statistical analysis and optional customer satisfaction surveys
- to comply with any legal requirement on us or other companies in our group
- to make decisions about you and other people when selling insurance

We may share information with our contractors (including service providers), agents and other international group companies for these purposes. Information may be put on a register of claims and shared with other companies, including insurers, for fraud prevention. We will share information with other third parties if required to do so by law.

We may transfer your information outside of the European Economic Area ("EEA") for the above purposes, including for secure electronic storage. Whenever we transfer or share information outside, or inside, the EEA we ensure that it is protected.

If you give information to us about another person, you will obtain that person's permission beforehand to provide the information and for us to use it as described above.

You can obtain further information by writing to our Data Protection Officer by e-mail to DataProtectionOfficer@AIG.com or by post to Data Protection Officer, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB.

CLAIMS DECLARATION

- I / we give permission for my / our personal information to be used and shared in the ways described above
- I / we confirm that I / we will not provide any personal information about another person without that person's permission, and that where a claim is made on behalf of that person, I / we have their explicit authority to act and receive any payment on their behalf.
- I / we declare that all the information given in respect of the claim(s) is to the best of my / our knowledge and belief, full, true and correct, and that no material information has been omitted which would affect the assessment of the claim(s) by the insurer(s).
- I / we understand that if I / we give information that is incorrect or incomplete you and / or the insurer(s) may take action against me / us, including court action.
- I / we know it is a CRIMINAL offence to defraud, or attempt to defraud an insurer and that by doing so I / we may be prosecuted.
- I / we give my / our authority to you to contact my / our household insurers, medical insurers, DWP or other insurers / third parties regarding a contribution.
- In the event of a medical related claim I/we give my/our authority to contact and obtain information from my/our GP, Doctor, Hospital or other medical facility or practitioner.

I / we have read and fully understand the declarations above (ALL persons claiming must sign below).

Claimants name	Claimants signature	Date of birth	Dated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ski equipment, ski hire, ski pack and piste closure

Claim Ref:

Are the expenses insured by any other policy you have? E.g Ski pass or mountain rescue cover, credit card or bank or household insurance etc. (This will not affect any no claims discount)

YES

NO

If YES, Name of other insurance company

Contact number

Policy number

Ski equipment claims Please provide details of the lost, stolen, damaged or destroyed ski equipment.

Please provide details of the circumstances giving rise to this claim and precautions taken to safeguard and recover your items.

Description of item	Owner	Place of purchase	Date acquired	Purchase method	Purchase price

Ski hire claims If ski equipment was hired due to your own equipment being lost, damaged or delayed please provide details.

From whom was the equipment hired.

Date from

 / /

Date to

 / /

Cost

Currency

Ski pack claims If you lost your ski pack (ski school fees, ski hire, lift pass) please provide details below.

Please provide details of the circumstances giving rise to this claim.

	Cost	Start date	End date	Date of loss	Number of complete days lost
Ski school fees	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Ski hire	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Lift pass	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Piste closure claims If you were unable to ski due to the piste at your pre-booked resort being closed owing to lack of snow or adverse weather conditions please provide details below.

Date and time the piste was closed.

 / / :

Date and time the piste was re-opened.

 / / :

Description of expenses

Date Incurred

Cost

Currency

Cost of transport to an alternative site. If no expenses were incurred or an alternative site was not available please state.

 / /
 / /

BACS Payment Request Form

Claim Ref:

We are keen to encourage customers who are entitled to payment in respect of a claim to consider receiving their payment by bank transfer. If you do not want to receive payment by bank transfer then please do not complete the form below. If you do not complete the form below then we will send you a cheque for the relevant amount.

There are a number of advantages in receiving payments by bank transfer:

Payments are made directly into your bank account

Payments are received more quickly

If you wish us to make claims payments directly to your bank account, please complete the following bank transfer payment request fields and mail it with your accompanying claims documents

Your Name:

Your Address:

Contact Tel:

Details of the account you want your claim settlement paid into:

You should ensure that your payment details are correct on this form. We shall not be responsible for any incorrect payments arising as a result of the provision of incorrect information. We cannot accept responsibility for the security of the information on this form until it is received by us.

Name of the account holder

Name of the bank

Address of the bank:

For transfers within the United Kingdom

Sort Code:

 - -

Account Number:

For International transfers only (outside the United Kingdom)

IBAN (International bank account number)

SWIFT / BIC Code

Currency

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- for audit, record keeping, statistical analysis and optional customer satisfaction surveys
- to comply with any legal requirement on us or other companies in our group
- to make decisions about you and other people when selling insurance

We may share information with our contractors (including service providers), agents and other international group companies for these purposes. Information may be put on a register of claims and shared with other companies, including insurers, for fraud prevention. We will share information with other third parties if required to do so by law.

We may transfer your information outside of the European Economic Area ("EEA") for the above purposes, including for secure electronic storage. Whenever we transfer or share information outside, or inside, the EEA we ensure that it is protected.

If you give information to us about another person, you will obtain that person's permission beforehand to provide the information and for us to use it as described above.

You can obtain further information by writing to our Data Protection Officer by e-mail to DataProtectionOfficer@AIG.com or by post to Data Protection Officer, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB.

SIGNED:

DATE: