

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"

Name of Institution (University, College etc):

Certificate No:

Date on which Travel commenced:

Full Name of Person Covered:

Date of Birth:

Title (Mr, Mrs, Miss, Ms):

Full Address:

Postcode:

Tel No. (Business):

(Home):

Email:

Full Name of other Persons Covered

Date of Birth

Relationship

1

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PLEASE ENSURE YOU SIGN THE DECLARATION ON THIS CLAIM FORM

TRAVEL DETAILS

Type of Travel: Business/Holiday

Please give date of loss/damage/theft:

In which country did the loss/damage/theft occur:

Please give full details of how the loss/damage/theft occurred:
(Specify location and whether from a building or vehicle)

To whom was the loss/damage/theft reported?
(Please see notes below and provide a copy of this report.)

On which date was the loss/damage/theft reported?

If article(s) lost/stolen:

What steps were taken regarding recovery of the article(s)?
Please provide any written evidence:

If article(s) damaged:

Please supply estimates for cost of repairs or a letter from reputable dealer confirming irreparably damaged.
Please supply original receipts and replacement estimates/invoices.

Is any property lost/damaged/stolen, insured by any other company? YES/NO

If Yes, please supply name, address, telephone number and policy number:

Please supply name, address, telephone number and policy number of household contents insurer:

Has the Person Covered had any previous claims on this type of insurance? YES/NO

If YES, please give full details with relevant dates:

Notes

1. All losses must be reported to the local police and report obtained. This should be forwarded to UMAL.
2. All losses or damaged property which occurred whilst in custody of airline must be reported and Property Irregularity Report Form obtained. This should be forwarded to UMAL together with the ticket stubs.

PLEASE ENSURE THE 'PARTICULARS OF CLAIM' SECTION IS FULLY COMPLETED

PARTICULARS OF CLAIM								
Full description of each item of property/money	State to whom property belonged	Date of purchase	Original cost price		Amount Deducted for depreciation /wear & tear		Amount claimed	Receipts/ Replacements Estimates (v)
					TOTAL SUM CLAIMED			

PLEASE ENSURE YOU PROVIDE ORIGINAL RECEIPTS AND REPLACEMENT ESTIMATES FROM A REPUTABLE RETAILER FOR ITEMS £100.00 OR OVER.

DECLARATION

I declare that the information given is to the best of my knowledge and belief, full, true and correct.

Signed: _____ Date: _____

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 you claim.
Please return the completed claim form together with any enclosures to

U M Association Ltd., Hasilwood house, 60 Bishopsgate, London EC2N 4AW.

Thank you for fully completing this form.