

NON-SPECIFIC CLAIM CHECKLIST

The attached claim form and relevant documents from the checklist below should be sent to us if you wish to make a claim under a section of the policy for which no specific claim form applies. This list is not exhaustive and we may ask for further evidence once we review your claim. A claim number will be notified to you once we have validated your details.

Proof of insurance and any medical endorsements –

POLICY OR CERTIFICATE OF TRAVEL INSURANCE / VALIDATION CERTIFICATE - your claim will be delayed if you do not submit this. (Please note this is NOT the ATOL certificate) We do not need the policy booklet.
Employer's details and policy number where you are insured under a company scheme, insurance reference number etc.

Proof of travel –

This must show total cost of the trip, the names of all passengers, the date of booking and the travel dates and come from the tour operator or airline. If you booked independent arrangements (i.e. car hire, travel tickets, accommodation etc.) please send the booking invoice for each item
If you booked your trip over the internet please ALSO send copies of the confirmation emails you received
If you booked your trip through a travel agent please ALSO send copies of the agents booking confirmation

Other insurance –

If you have submitted a claim connected to this one to another insurance company please send copies of all correspondence

To help you with your claim our FAQs can be viewed at www.reactiveclaims.com

Reactive Claims

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NON-SPECIFIC CLAIM FORM

Please answer **ALL** questions using **BLOCK CAPITALS**

Please note that ALL persons claiming under this insurance MUST be listed on the General Details page if we are to consider their claim.

1. Date & time of incident: / / time : am/pm	2. TOTAL CLAIMED £
3. Please provide full details of the nature of your claim:	
<i>Office use ONLY</i>	
4. Have you or any other claimant listed made any <u>previous</u> claims under a travel insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
5. Do you have any other insurance that may cover this claim e.g. home contents policy, through your bank account or employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	6. Has a claim been submitted to any other company in respect of this trip by any of the other party members? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
7. Name, address and policy number of home contents insurance:	