

CLAIM FORM – GENERAL DETAILS – A

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

*This form is required for ALL claims and ALL claimants **MUST** be shown below. Please attach this form to the front of your documents.*

Claimant 1

Claimant 2

Claimant 3

Claimant 4

1. Title:				
2. Forename(s):				
3. Surname:				
4. DoB and Age:	/ /	yrs.	/ /	yrs.
5. Occupation:				
6. Employer:				
7. Home Address:			8. Mobile:	
			<i>We will text your claim reference to you</i>	
			9. Home tel no:	
10. Postcode:			11. Email:	

Where possible, Email will be used as the means of correspondence for speed and efficiency. Please add our email address to your contacts list.

12. Name of insurance product:		13. Policy / certificate number:		
14. Date issued: / /		15. Details of any additional insurance options purchased e.g. cancellation cover / hazardous sports etc.		
16. Policy type: ANNUAL / SINGLE TRIP				
17. Date of booking trip: / /		18. Scheduled departure date: / /		19. Scheduled return date: / /
20. Country of destination:		21. Destination resort:		22. Trip purpose: PLEASURE / BUSINESS / OTHER

Anti-fraud and anti-money laundering regulations mean that we will only pay the Insured Person, their Designated Claimant, their Legal Representative or a legitimate third party service provider. It is important to note that neither Reactive Claims Ltd nor the Insurers will accept responsibility if the payee fails to reimburse the Insured(s) where appropriate. We will not accept liability for any errors due to you providing incorrect bank details and in such cases a bank charge may be applied to you.

If your claim is accepted we will make payment by bank transfer to your nominated account below.

23. Name of bank:		24. Sort code:					
25. Account number (8 digits) – <i>We cannot credit savings accounts or credit cards</i>		26. Branch address:					
27. Account name – <i>as it appears on your bank account statement:</i>							
28. Account Type: Current / Packaged / With Benefits / Premier / Gold / Other – <i>(please specify)</i>							
Do you pay a monthly fee for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No							
29. Non UK residents ONLY		IBAN:					
		SWIFT:					

CLAIM FORM – GENERAL DETAILS – B

We store all claim details, including your personal details, electronically and dispose of documentation and electronic data in accordance with the Data Protection Act 1998

It is a criminal offence to make a fraudulent insurance claim. We actively investigate all claims and all instances of fraud are handled in accordance with English Law

DECLARATION

I declare that all information, particulars, and documents submitted in relation to this claim are true and correct to the best of my knowledge. In the event of a third party being liable for loss/ damage all rights in this matter are subrogated to Reactive Claims on settlement of the claim. I understand that the information provided in this claim will be made available to other insurers for underwriting, claims handling and fraud prevention purposes.

By signing this declaration I acknowledge and authorise the Designated Claimant to act on my behalf and authorise the sharing of my personal details with the Designated Claimant.

I have read and understand the declaration above – ALL claimants must sign. Parent/Legal Guardian should sign on behalf of a minor.

Designated Claimant Name:	Signature	Date:
Claimant Name:	Signature	Date:
Claimant Name:	Signature	Date:
Claimant Name:	Signature	Date:

NEXT STEPS – Post or Email?

Email

WE ONLY ACCEPT ELECTRONIC ATTACHMENTS IN .pdf FORMAT AS .pdf IS ACCEPTED AS A LEGAL DOCUMENT. DOCUMENTS SHOULD BE DIVIDED INTO CLEARLY IDENTIFIABLE ATTACHMENTS RATHER THAN GROUPED INTO ONE LARGE PDF. WE DO NOT ACCEPT .zip FILES

Once you have completed this form you may scan and return it with supporting documents by email to info@reactiveclaims.com but if you do this you **MUST** clearly name each attachment as we will reject emails where attachments are non-specific. To do this you simply right click on the file name and select RENAME. You can then rename the generic file name to that which best describes the contents.

If your Email attachments look like these examples they will be accepted

Claim form. pdf ✓
Insurance certificate. pdf ✓
Booking invoice. pdf ✓

But if they look like this they will be rejected

12378907. pdf ✗
Image. jpeg ✗
Claim form. jpeg ✗

If sending by email please DO NOT destroy the original documents as we may require them for audit and validation purposes.

Post

Send your completed claims forms and all original supporting documents to:-

**Reactive Claims
Attwood House
Mansfield Business Park
Four Marks
Hampshire
GU34 5PZ**

If sending by post we strongly recommend that you keep copies of all claim documents and use recorded delivery.