

PERSONAL LIABILITY 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 the personal liability section of the policy. 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

Evidence to support the claim –

Letter of claim made against you

Photographs evidencing the incident

Copies of all documents relevant to the claim

Full details of any solicitor or agent acting on behalf of the 3rd party

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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Main Office: 01420 383010 | Fax: 01420 558111 | Web: www.reactiveclaims.com

PERSONAL LIABILITY 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. Full name:	2. Date of birth: / /	3. Age: yrs.
4. Date & time of incident: / / time : am/pm	5. Where did this happen?	
6. Describe the circumstances of this incident:		
7. Name & address of person / company claiming against you:	8. Name & address of any witnesses to this incident:	
9. Has responsibility been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom and why:		
10. Do you believe a third party was responsible for this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain why and provide their details:		
11. 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:		
12. 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:		
13. Name & address of home contents insurer:	14. Home contents insurance policy number:	
15. Do you have any other insurance that may cover this claim e.g. through your bank account or employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		

If you receive any documents from the third party, their insurers, the police or any other party please forward them to this office unanswered. DO NOT send any form of acknowledgement to the sender as this may prejudice your position with your insurers.

Your claim may be prejudiced should you make any admission of liability unless you have our specific authority to do so.