



SINGLE/MULTITRIP TRAVEL

Personal Liability Claim Form

Once completed, please return your claim form to:

ONE Claims Ltd
The Old Building
Bishops College
Churchgate
Cheshunt
Herts
EN8 9XH

Thank you for notifying us of your claim.

Please complete this claim form and return it to ONE Claims Ltd as soon as possible.

Please write clearly and in **BLOCK CAPITALS**.

Please provide full supporting documentation to avoid delays in processing your claim.

Claimant Details (The Insured/Claimant(s)):

Title	Full Name(s)	Date of Birth	Occupation

Claimant address: _____

Postcode: _____ Email: _____

Telephone: _____ Fax: _____

Usual country of domicile: _____

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CLAIMS

Certificate Number (Including Prefix): _____

Insurance Broker Name: _____

Address: _____

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Travel Destination: _____ Country: _____

Resort: _____

Hotel: _____

.....

Departure Date: ____/____/____

Return Date: ____/____/____

.....

Purpose of trip: - (Delete as applicable)

Business / Pleasure

If Business: - (Delete as applicable)

Clerical / Manual

If Manual please provide details of nature of work: _____

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If your Claim is agreed, how would you like to be paid?

.....

Please tick box to choose preferred method of payment:

Cheque: Confirm Payee name: _____Or direct to your bank account (UK bank account only)

Bank Name: _____ Branch: _____

Bank Sort Code: _____ Account No: _____

Account Holder: _____

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Address of residence/hotel whilst abroad: _____

Date, time and place of incident: ___ / ___ / ___ : ___ AM/PM _____

Have you admitted liability? YES/NO

If **YES**, please explain why: _____

Full details of circumstances: _____

Please note any correspondence received from any third party is to be forwarded to ONE Claims Ltd, unanswered.

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DECLARATION - This must be signed.

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not withheld any information within my/our knowledge connected with this claim. I/we agree to provide the insurer with any further information as may be reasonably required. I/we understand that the insurer does not admit liability by issue of this form. **WARNING - the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police with whom we always co-operate.**

DATA PROTECTION ACT

The insurance industry operates a number of anti-fraud initiatives. The information given on this form may be stored electronically and may be shared with other organisations for this purpose. I/We understand that you may ask for information from other organisations to check the answers I/we have provided.

Signature(s) _____ Date ___ / ___ / ___