



rightpath claims

"the rightpath to excellence"

Claim ref:

Z _ _ _ _ _

PO Box 1973 • Croydon
Surrey • CR90 9FT

telephone: 0844 887 0305

email: enquiries@rpclaims.com

website: www.rpclaims.com

PERSONAL LIABILITY

Please complete this form in BLOCK CAPITALS and return it to Rightpath Claims as soon as possible with the following original documents:

Proof of insurance • Booking invoice • Third party correspondence (unanswered) • Estimates of costs • Photographic or other evidence

Claimant details

Title: First name: Surname:

Date of birth: / / Preferred contact: (tick as appropriate) Telephone Email Post

Daytime telephone number: Email address:

Address:
Postcode:

Insurance Details

Travel insurance policy number/ reference (including prefix):

Which company did you purchase your travel insurance from?

Date insurance purchased: / /

Do you have any other insurance which might also cover this incident? If so, please provide details:

Name of other insurance company: Policy number:

Please note, many bank and credit accounts now provide travel insurance as part of their benefits. Please confirm your bank and credit card provider details:

Bank Name: Account Type:

Credit Card Name: Card Type:

Amount of trip costs paid for by Credit Card: FULL / PARTIAL

Trip Details

Country of destination: Resort/ town of destination:

Date journey booked: / / Departure Date: / / Return Date: / /

Trip duration: days Number of people insured:

Name of Tour Operator (if applicable):

Name of Travel Agent (if applicable):

Details of person/ company claiming against you

Name:

Address: Country:

Contact phone number: E-mail address:

Circumstances

Date: / / Time: : Place of incident:

Please provide full circumstances of the incident giving rise to this claim:

Please provide details of the full extent of the damage caused:

Do you feel you are responsible for the damage sustained? YES / NO If NO, why not?

Have you admitted liability? YES / NO If YES, please explain why.

Have you paid any amounts to the claimant? YES / NO If YES, please confirm amounts paid: £

Do you have any evidence of the damage sustained? YES / NO If YES, please forward it to us.

Did you obtain insurance details of the person/ company claiming from you? YES / NO If YES, please provide details:

Declaration

I/ We declare that the above statements are accurate and correct to the best of my/ our knowledge. I/ We agree to provide the insurer with any further information which may reasonably be required. I/ We understand that by sending this form, the insurer does not accept liability. I/ We assign all rights of recovery/ salvage to the insurer and will do whatever is necessary to assign such rights. **I/ We understand that the making of a fraudulent or exaggerated claim is a criminal offence and will leave us liable to prosecution.**

Signed: Print name: Date: / /