



**rightpath**  
claims

"the rightpath to excellence"

**Telephone:** 020 8667 1600 /  
+ 44 (0) 20 8667 1600

**Email:** enquiries@rpclaims.com

**Address:** Rightpath Claims, PO Box 6430,  
BASILDON, SS14 0QT, UK

## PERSONAL EFFECTS CLAIM FORM

**CLAIM NO:** Z \_\_\_\_\_

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

Proof of insurance • Booking invoice / proof of travel • Reports • Receipts / other evidence of value and ownership  
Cash withdrawals / bank statements for lost money • Estimates of repair cost or confirmation beyond repair

**IMPORTANT:** Documents will be kept for 6 months and then destroyed,

### Claimant details

Title:  First name:  Surname:   
 Date of birth:  /  /   
 Daytime telephone number:  Email address:   
 Address:  Postcode:

### Insurance Details

Travel insurance policy number/ reference / collar number:   
 Which company did you purchase your travel insurance from?   
 Date insurance purchased:  /  /

### Other Claimant Details

| Name                 | D.O.B.   | Relationship to Main Claimant |
|----------------------|--|-------------------------------|
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>          |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>          |
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### 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):

**Circumstances**

On what date did the damage / loss / theft occur?

Please confirm full circumstances of how the incident occurred:

To whom was the incident reported?

What date was a report made?

**Personal Effects List**

Please use the following table to list the items claimed: (NB: Ensure you record date of purchase for ALL items)

If claiming cash, how much was taken on the holiday?

| Owner of Property (initials) | Description of Item (including make and model number, if applicable) | Date of Purchase | Place of Purchase | Original Purchase Price | Amount Claimed | Office Use Only |
|------------------------------|--|------------------|-------------------|-------------------------|----------------|-----------------|
|                              |  | / /              |                   | :                       | :              |                 |
|                              |  | / /              |                   | :                       | :              |                 |
|                              |  | / /              |                   | :                       | :              |                 |
|                              |  | / /              |                   | :                       | :              |                 |
|                              |  | / /              |                   | :                       | :              |                 |
|                              |  | / /              |                   | :                       | :              |                 |
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|                              |  | / /              |                   | :                       | :              |                 |
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|                              |  | / /              |                   | :                       | :              |                 |
|                              |  | / /              |                   | :                       | :              |                 |

**Lost Passport Expenses**

Please use the following table to detail expenses incurred to obtain an emergency passport:

| Expense Date | Description | Currency | Amount |
|--------------|-------------|----------|--------|
| / /          |             |          | :      |
| / /          |             |          | :      |
| / /          |             |          | :      |
|              |             |          |        |

**Payment Details**

If we can pay your claim, we will transfer payment directly to your bank account. Please confirm:

Account No:  Sort Code:

**Recovery Information (do not leave any question blank as this will delay your claim)**

**Part 1: Credit Card Details**

Do you have a Credit Card?  How much of the trip was paid by Credit Card?

Name of Credit Card Company:

Type of credit card: e.g. gold, platinum etc.:

**IMPORTANT: DO NOT ENTER VISA / MASTERCARD AS THESE ARE THE PAYMENT PROCESSORS**

**Part 2: Current Account Details**

A number of bank accounts now offer free, annual travel insurance as one of the benefits. Many people are unaware of this, so we ask all customers to confirm which company they hold their current account with:

Name of Bank:

Level and name of Account: e.g. Gold Premier, Royalties Gold etc.:

Name of Account Holder if different from claimant (e.g. Parent):

**IMPORTANT: DO NOT ENTER 'CURRENT ACCOUNT' WE NEED TO KNOW THE LEVEL OF ACCOUNT.**

**Part 3: Dual Travel Insurance**

Do you have another travel insurance policy in place?

Company Insurance was bought from:

Name of policy (if known):

Policy number (if known):

**Section 4: Home Contents Insurance**

Please note that any contact we make with your home contents insurer will not adversely affect your annual premium or no claims bonus. Failure to provide this information will delay your claim.

Home Contents Insurer name and address:

Policy/ reference number:

**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 providing 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 have read and understood the Privacy Policy (link can be found in footer of webpage) and agree to the processing of my personal data in line with it. If the claim is of a medical nature I/we give you permission to process medical data in line with the Privacy Policy. If the claim is of a medical nature relating to a third party, I/we will not provide any medical data until explicit consent has been obtained by the third party to allow us to process the personal data in line with the terms of the Privacy Policy. If the claim relates to someone under the age of 16, I/we are their parent/guardian or I/we have explicit consent from their parent/guardian for us to process their personal and medical data in line with the Privacy Policy. **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:





## CHECK LIST

### BAGGAGE & PERSONAL EFFECTS

KEEP THIS PART OF THE FORM FOR YOUR RECORDS

- This part of the claims form may be kept by you.
- Use this CHECK LIST to help ensure you send us everything we need to conclude your claim on first review. Failure to provide us with all the relevant information and documentation will create delays.
- Whilst this form covers the main documents we may require further documents not listed.
- To make the process more efficient - please send us the information/documentation all together.

#### CLAIM FORM

Have you answered all of the questions (including the recovery information)? Often questions that you may consider not applicable actually are - the reasons aren't always that obvious. It is essential you list each item individually, detailing both the purchase date and price. Please ensure you enter your claim reference on the front of the form.

#### BOOKING INVOICE / PROOF OF TRAVEL DATES

These documents confirm that you were on a trip, your destination and the trip duration. We can accept booking invoices/tickets/boarding cards. If you have not retained any of these documents whoever you booked through should be able to provide a duplicate copy of your booking invoice.

#### PROOF OF INSURANCE

We are independent claims handlers appointed by insurers to handle claims on their behalf. We do not always have direct access to your policy data. This is why we ask for a copy of your proof of insurance. If you have an annual multi-trip policy you can send us a copy.

#### REPORTS

Please provide any report that you obtained in support of your claim. If one was not issued please ensure you provide any reference you were given and the full contact details of whoever it was reported to.

#### RECEIPTS

Please send us any receipts for the items claimed. We understand receipts aren't always kept but we can consider alternative proof of value/ownership such as guarantee cards, instruction manuals, pre-loss valuations or photographs of items being worn.

#### CASH WITHDRAWALS - MONEY CLAIMS ONLY

For claims for money we will require proof of the amount of money taken away with you on the trip. Not just the amounts lost. Please provide us with the bank statements confirming the withdrawals or currency exchange slips.

#### REPAIR ESTIMATES - DAMAGE CLAIMS ONLY

For claims for damaged items we will require an estimate from a repairer confirming the cost of repair or that the item is damaged beyond economical repair. In exceptional circumstances we may accept photographs of the damage.

#### COPIES TAKEN

For safe-keeping we always recommend you take copies of your documents before sending them to us.

#### Useful Information

Date I sent the claims form to Rightpath:

My Claim Number:

If you are sending the claim form by post please allow up to 9 days for our response: 2 days for delivery, up to 7 days (5 working days) for the assessment and 2 days for a posted response.

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