



ACE European Group
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Claim Form

PERSONAL EFFECTS AND MONEY

PLEASE USE BLOCK CAPITAL LETTERS USING BLACK INK AND ENSURE YOU SIGN THE DECLARATION ON THIS FORM.
 THANK YOU FOR NOTIFYING US OF YOUR CLAIM. PLEASE COMPLETE **ALL** QUESTIONS - IF ANY QUESTION IS NOT APPLICABLE PLEASE STATE 'N/A'

NAME OF POLICYHOLDER : CLEVELAND POLICE FEDERATION JBB		CERTIFICATE/POLICY NO. 54UK474589	
THE SECTION BELOW MUST BE COMPLETED IN RESPECT OF THE INSURED MEMBER REGARDLESS OF WHETHER HE/SHE HAS TRAVELLED &/OR IS SUBMITTING A CLAIM			
INSURED PERSON FORENAME(S) (MR/MRS/MISS/MS)		INSURED PERSON SURNAME	
COLLAR NUMBER (SERVING OFFICER)		PAYROLL NUMBER (RETIRED OR SUPPORT STAFF)	
PLEASE STATE CATEGORY OF MEMBERSHIP (OFFICER/SUPPORT STAFF OR RETIRED MEMBER)			
FULL ADDRESS			
		POSTCODE	DATE OF BIRTH
TELEPHONE NO. BUSINESS		TELEPHONE NO. HOME	
FOR SECURITY PURPOSES PLEASE PROVIDE A PASSWORD WHICH WILL BE REQUIRED TO ACCESS YOUR CLAIM INFORMATION:		E-MAIL ADDRESS	
FULL NAME OF CLAIMANTS		DATE OF BIRTH	RELATIONSHIP TO INSURED PERSON
1			
2			
3			
4			

TRAVEL DETAILS

Please give date of loss/damage/theft: _____

In which country did the loss/damage/theft occur: _____

Please give full details of the loss/damage/theft: _____

To whom was the loss/damage/theft reported? (please see notes below and provide a copy of this report.) _____

On which date was the loss/damage/theft reported? _____

If article(s) lost/stolen:

What steps were taken regarding recovery of the article(s)?

Please provide any written evidence _____

If article(s) damaged:

Please supply estimates for cost of repairs or a letter from a reputable dealer confirming irreparably damaged.

Please supply receipts - if not available please supply replacement estimates/invoices.

Is any property lost/damaged/stolen insured by any other company? YES / NO

If YES, please supply name, address, telephone number and policy number: _____

Please supply name, address, telephone number and policy number of household contents insurers: _____

Have you had any previous claims on this type of insurance? YES / NO

If YES, please give details with relevant dates: _____

PAYEE'S BANK DETAILS WHEN THE CLAIM HAS BEEN APPROVED YOU MAY HAVE THE PAYMENT CREDITED DIRECT TO YOUR BANK ACCOUNT. THIS PAYMENT METHOD IS BOTH SPEEDIER AND SAFER THAN BY CHEQUE. IF YOU WOULD LIKE TO TAKE ADVANTAGE OF THIS ARRANGEMENT THEN PLEASE COMPLETE THE FOLLOWING:-

Name of your Bank/Building Society: _____	Bank Sort Code (from the top right hand corner of your cheque)						
_____ <i>Bank</i>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Address _____	Account Number _____						
_____	Account Name(s) _____						
_____ Postcode _____	_____						

DATA PROTECTION In order to administer your claim, this information will be used by ACE European Group Limited and its group companies. It may be held on computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

DECLARATION I DECLARE THAT ALL THE INFORMATION GIVEN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, FULL TRUE AND CORRECT.

_____	_____
SIGNED	DATE

CHECKLIST PLEASE RETURN THE COMPLETED CLAIM FORM TOGETHER WITH ANY ENCLOSURES TO YOUR INSURANCE BROKER OR TO ACE EUROPEAN GROUP LIMITED. PLEASE ENSURE...

- YOU HAVE COMPLETED ALL RELEVANT QUESTIONS ON THIS CLAIM FORM
- YOU HAVE ENCLOSED ALL REQUESTED INFORMATION/DOCUMENTATION
- YOU HAVE SIGNED THIS CLAIM FORM .

AS FAILURE TO DO SO WILL RESULT IN DELAY IN HANDLING YOUR CLAIM

Thank you for fully completing this claim form.

