



PERSONAL EFFECTS / MONEY CLAIM FORM

Please submit your claim to
claims@optimumglobal.com

Personal Data provided in this claim form or submitted as part of this claim will be used and processed by us in line with our Privacy Policy which can be found on our website, or which can be requested from us at any time.

SECTION A: PATIENT DETAILS TO BE COMPLETED BY INSURED MEMBER

Name of Main Applicant:	Membership No.:	Date of Birth:	Sex:
_____	_____	_____	_____
Name of other claimants (If other than the main Applicant): _____			
Present Contact Address: _____			
Telephone number: _____		Email Address for Remittance Advice: _____	

SECTION B: SETTLEMENT DETAILS

We settle all eligible claims by bank transfer (EFT), therefore it is important that you confirm your correct bank details every time you make a claim. Should the incorrect bank details be provided we reserve the right to charge an administrative fee to cover any charges incurred due to the error.

Total amount claimed (including currency): _____

Currency of Reimbursement: _____

Bank Transfer – **All fields in the box below are MANDATORY. If the account holder is not the claimant then you must state their relationship with the claimant and provide evidence of their permission for the funds to be transferred to their account (except in the case of a minor):**

Name of Account Holder (as it appears on bank statement): _____
Relationship to claimant _____
IBAN where applicable _____
Routing/intermediary information if required _____
Beneficiary Bank Account number (only if IBAN not applicable) _____
Account Holder address (residential address registered with the bank): _____

Name of Bank, Branch and Location: _____
Swift Code/BIC: _____ Sort Code (for UK banks only): _____

PLEASE NOTE:

- Bank charges may apply when making bank transfers.
- Payments are not made directly to any clinic, physician or medical provider.
- If IBAN numbers are not used please ensure that the account number is entered and that the Swift Code/BIC is also completed.

DECLARATION & AUTHORISATION

I declare that to the best of my knowledge all particulars contained in this form are true and correct. In the event of a third party being liable for loss/damage all rights in this matter are subrogated to Optimum Global on settlement of the claim. If cover exists under any other policy, I give my authority for contribution to be sought from their insurers. I understand that some of the information provided will be made available to other insurers for underwriting or claims handling purposes.

I certify that the above statements and answers are true and complete to the best of my knowledge and belief.

Signature of Main Applicant

Date

**SECTION C: TRAVEL DETAILS****Travel Destination:**

Country: _____

Departure Date: _____ / _____ / _____ Return Date: _____ / _____ / _____

Purpose of Trip: Business Pleasure**SECTION D: CLAIM DETAILS**

Date of incident: _____ / _____ / _____

Claim for: LossTime of incident: : _____ AM PM Damage

Place of incident : _____

 Delay

Full circumstances surrounding the claim: _____

The date on which your luggage arrived (if claiming for baggage delay): _____ / _____ / _____

When did you report the incident to the Police, Holiday Rep or Hotel?: _____ / _____ / _____

When did you report the incident to the relevant airline? _____ / _____ / _____

Have you made any personal property claims prior to this claim? Yes NoIf **yes**, please give details: _____Do you hold any household all risks/contents insurance? Yes NoIf **yes**, please give details: _____Do you hold any travel insurance with your current bank account? Yes NoIf **yes**, please give details: _____Have you submitted a claim to any other insurer/authority? Yes NoIf **yes**, please give details: _____



SECTION E: DETAILS OF ITEMS BEING CLAIMED

Full description of the item being claimed	Shop/Store and location where purchased	Date/Year of Purchase	Evidence of Ownership enclosed?	Initials of owners	Original Price Paid	Amount Claimed (including currency)





SECTION F: GUIDANCE NOTES

The following documentation must be provided in order for your claim to be processed.

ITEM	ENCLOSED
Your original booking invoice which is sent to you at the time of booking your trip _____ This confirms your outward and return travel dates.	<input type="checkbox"/>
In respect of loss/theft claims	
Police/Holiday Rep/Hotel report _____	<input type="checkbox"/>
Property Irregularity Report (given to you by the airline, if applicable) _____	<input type="checkbox"/>
<i>Please include at least one of the following for each item claimed:</i>	
Purchase receipts _____	<input type="checkbox"/>
Bank/card statements showing purchases/withdrawals _____	<input type="checkbox"/>
User manuals, warranty and/or guarantee slips _____	<input type="checkbox"/>
Valuations issued prior to the date of loss _____	<input type="checkbox"/>
Photographs of you with the items being claimed _____	<input type="checkbox"/>
Currency conversion slips (personal money) _____	<input type="checkbox"/>
In respect of damaged articles being claimed	
Property Irregularity Report (given to you by the airline, if applicable) _____	<input type="checkbox"/>
Estimate of repair or confirmation that item are damaged beyond repair _____ (any charge is the responsibility of the claimant)	<input type="checkbox"/>
<i>Please include at least one of the following for each item claimed:</i>	
Purchase receipts _____	<input type="checkbox"/>
Bank/card statements showing purchases/withdrawals _____	<input type="checkbox"/>
User manuals, warranty and/or guarantee slips _____	<input type="checkbox"/>
In respect of baggage delay claims	
Receipts for the additional items purchased as a result of the delay _____	<input type="checkbox"/>
Property Irregularity Report (given to you by the airline, if applicable) _____	<input type="checkbox"/>
Confirmation from the airline of the length of the delay _____	<input type="checkbox"/>

SECTION G: HOUSEHOLD INSURANCE

To minimise the effect of fraudulent claims Insurers share information about your claim. Insurers contribute to the settlement of each other's claims. This shares the costs and helps to keep your premiums down. This is done in accordance with the ABI Contribution Agreement and if you have a no claims discount this should not be affected.