

# Report Form for Personal Belongings, Business Equipment and Money Claim

This file is a fillable pdf form. Please complete all questions – if any question is not applicable please state “N/A”.

## Insured Details

**Name of Policyholder**

If a Subsidiary of the Policyholder please provide Company Name

Policy Number

Relationship to Policyholder Director  Employee  Student  Contractor  Volunteer  Consultant  Other

If Other – please provide details

Please confirm the Country Contracted to by the Insured Person(s)

**Full Name of Insured Person**

Mr  Mrs  Miss  Ms  Other   Date of Birth / /

## Insured Person's Full Address

Street

City  County

Country  Postcode

Email

Tel no.  Fax

For security purposes please provide a password which will be required to access your claims information

## Full Name of Claimants

<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to the Insured Person eg, Partner, Son, Daughter	<input type="text"/>
<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to the Insured Person eg, Partner, Son, Daughter	<input type="text"/>
<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to the Insured Person eg, Partner, Son, Daughter	<input type="text"/>

## Travel Details

Type of Travel Business  Holiday  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 estimate 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

Have you had any previous claims on this type of insurance? Yes  No

If Yes, please give full details with relevant dates

**Notes**

- 1 All losses should be reported to the local police and report obtained. This should be attached to this claim form.
- 2 All losses or damaged property which occurred whilst in the custody of an airline should be reported and a Property Irregularity Report (PIR) Form obtained. This should be attached to this claim form together with ticket stubs.

**Particulars of Claim**

Full description of each item of property lost, damaged or stolen	State to whom property belonged	Date of Purchase	Original Cost Price Currency	Amount Claimed	Receipts/ Replacement Estimates Attached
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>

Please ensure you provide receipts or proof of ownership

Total Sum Claimed

## Data Protection

In order to administer this claim, the personal information provided above will be used by Chubb European Group SE, Aon UK Limited and in the event of an EEA exposure claim One Underwriting B.V. acting through its UK branch.

For details of how we use personal information, including our lawful bases for processing such information, please see our Privacy Notice.

### Sensitive personal information relating to others

In order to process certain information, for example health or other sensitive personal information (known as special category personal data) concerning other individuals related to your claim (e.g. information about your spouse, civil partner, child(ren), dependents or other third parties) we are required to obtain consent. In providing such information, you confirm the relevant individuals have appointed you to act for them to consent to the processing of their special category personal data and that you have provided these individuals with a copy of our Privacy Notice.

- Please tick the box below to consent to us processing the special category personal data relating to above individuals and the sharing of this information with our group companies or other third parties such as insurers, brokers, loss adjusters, credit reference agencies, service providers, professional advisors, regulators or fraud prevention agencies where necessary for purposes associated with processing the claim

Where consent is provided, the individuals concerned are entitled to subsequently withdraw consent at any time by emailing [aum.claims@aon.co.uk](mailto:aum.claims@aon.co.uk). However, withdrawing consent may mean we are unable to process the claim.

## Conflicts of Interest

**Please note:** Aon Underwriting Managers (AUM) is a Managing General Agent which is part of Aon UK Limited and is authorised by the Insurer to handle claims under the AonProtect scheme and will do so under the terms and conditions of the policy. Aon Underwriting Managers are therefore acting for the insurer. Any objection to this arrangement should be raised when first reporting the claim.

One Underwriting B.V. acting through its UK Branch has appointed Aon UK Limited trading as Aon Underwriting Managers to perform certain administrative services on its behalf.

## Declaration

By signing/inputting my name below and submitting this form I consent to the above data protection disclosure and I declare that all information given is to the best of my knowledge and belief, full, true, accurate and correct. **Please print and sign.**

Print Name

Signed

Date

 /  / 

## Payee Advices

All claims payments will be issued payable to the policyholder (your employer/company) and not the claimant unless Aon Underwriting Managers (AUM) has received prior authorisation to pay the claimant direct.

However, if you are the claimant and require any payment to be made to yourself, your Company Insurance Administrator or Line Manager will need to provide written/emailed authorisation to Aon Underwriting Managers (AUM).

## Bank Details

When the claim has been approved and once we have received written confirmation from the policyholder to issue any payments due direct to the claimant, you may have the payment credited direct to your bank account. This payment method is both speedier and safer than payment by cheque. If you would like to take advantage of this arrangement, please complete the following:

Bank Name	<input type="text"/>	Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	Swift code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IBAN Code	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Address	<input type="text"/>												
Account Name	<input type="text"/>												
Account Number	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Documents Required

Original travel documents ( <i>these can be returned to you where necessary</i> )	Enclosed <input type="radio"/>	To follow <input type="radio"/>
Itinerary	Enclosed <input type="radio"/>	To follow <input type="radio"/>
Police report or loss report, from the appropriate recognised authorities	Enclosed <input type="radio"/>	To follow <input type="radio"/>
Proof of ownership	Enclosed <input type="radio"/>	To follow <input type="radio"/>
If loss occurred in transit and involves an airline or similar carrier, the loss/damage must be reported to the relevant authority and a Property Irregularity Report (PIR) obtained	Enclosed <input type="radio"/>	To follow <input type="radio"/>
Replacement estimates	Enclosed <input type="radio"/>	To follow <input type="radio"/>
Proof of withdrawal for all money claims	Enclosed <input type="radio"/>	To follow <input type="radio"/>
Proof of compensation from airline/carrier	Enclosed <input type="radio"/>	To follow <input type="radio"/>

## Please Ensure

- 1 You have completed ALL relevant questions on the claim form.
- 2 You have enclosed all requested information/documentation.
- 3 You have signed this claim form.

**Failure to do so will result in a delay in handling your claim.**

*Thank you for completing this form.*

### IMPORTANT

Please print and sign this form and return to:

**Insurance Team**  
**University of Oxford Finance Division**  
**23-38 Hythe Bridge Street**  
**Oxford**  
**OX1 2ET**

**t +44 (0)186 561 6078**

Or scan and email to: [insurance@admin.ox.ac.uk](mailto:insurance@admin.ox.ac.uk)