



**ACE European Group Limited**  
Travel Insurance Claims  
PO Box 1086, Belfast, BT1 9ES  
tel: 0800 519 9940 or +44 (0)1293 726 165

# Claim Form

PERSONAL EFFECTS AND MONEY

**PLEASE WRITE IN BLACK INK AND USE BLOCK CAPITAL LETTERS.  
ALL SECTIONS MUST BE COMPLETED OR MARKED 'NOT APPLICABLE'.  
COMPLETE THE CHECKLIST AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM.**

POLICY NUMBER			
MAIN POLICYHOLDER DETAILS			
TITLE	FIRST NAME	LAST NAME	
e-MAIL ADDRESS		DATE OF BIRTH (DD/MM/YYYY)	
FULL ADDRESS			
		POSTCODE	
CONTACT NUMBER (DAYTIME)		CONTACT NUMBER (EVENING)	
INSURED PERSONS DETAILS			
FULL NAME	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP TO MAIN POLICYHOLDER	I INTEND TO CLAIM ON BEHALF OF: <input checked="" type="checkbox"/> where applicable
MAIN POLICYHOLDER AS ABOVE			





**PAYEE'S BANK DETAILS** IF WE APPROVE YOUR CLAIM, WE CAN CREDIT THE MONEY DIRECT TO YOUR BANK ACCOUNT. THIS METHOD IS QUICKER, SAFER AND MORE RELIABLE THAN PAYMENT BY CHEQUE. IF YOU WOULD LIKE US TO DO THIS, PLEASE COMPLETE THE FOLLOWING:-

Name of your Bank/Building Society: \_\_\_\_\_

Bank Sort Code

Address \_\_\_\_\_

Account Number

Name of Account Holder(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.

FOR SECURITY PURPOSES PLEASE PROVIDE A PASSWORD.  
YOU WILL NEED THIS TO ACCESS YOUR CLAIM INFORMATION

PASSWORD:

**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 ACE EUROPEAN GROUP LIMITED.

PLEASE ENSURE...

- YOU HAVE COMPLETED ALL RELEVANT QUESTIONS ON THIS CLAIM FORM
- YOU HAVE ENCLOSED ALL REQUESTED ORIGINAL DOCUMENTS (We recommend you retain copies)
- YOU HAVE SIGNED THIS CLAIM FORM .

IF YOU DO NOT COMPLETE ALL SECTIONS AND PROVIDE ALL REQUESTED DOCUMENTATION, YOUR CLAIM WILL BE DELAYED.

