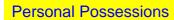
## **Claim Form**





Aviva

Travel Claims PO Box 432 Chichester West Sussex PO18 8UE Tel: 01243 621416

Email: avivatravelclaims@cegagroup.com

## PLEASE WRITE IN BLACK INK AND USE BLOCK CAPITAL LETTERS.

ALL SECTIONS MUST BE COMPLETED OR MARKED 'NOT APPLICABLE'.

COMPLETE THE CHECKLIST AN	DENSURE THAT YOU SIGN THE DECLA	KATION AT THE E	END OF THIS FORM.		
Name of Policyholder CLEVELAND POLICE FEDERATION JBB		Policy no. 25110273ECA			
	MAIN POLICYHO	OLDER DETAILS	5		
Title	First name		Last name		
Email address			Date of birth (DD/MM/YYYY)		
Full address					
				Postcode	
Contact no. Daytime		Contact no. Evening			
SERVING OFFICER RANK COLLAR/POLICE ID No. PAY OFFICE	on below as we will need this to check y  POLICE STAFI  STAFF No.  PAY OFFICE			ETIRED	
For security purposes please provide a password which will be required to access your claim information This is for additional security and you may be asked for it when calling Aviva.					
INSURED PERSONS DETAILS					
Full name		Date of birth (DD/MM/YYYY)	Relationship to main policyholde	r	I intend to claim on behalf of:
IF NOT MAIN POLICYHOL STATE NAME BELOW AN DETAILS	DER AS ABOVE PLEASE ID OTHER REQUESTED				

## **TRAVEL DETAILS**

Please provide a copy of your original itinerary/trave	el documents.
Please give date and time of loss/ damage/ theft:	
Date:	
Time:AM/P	'M
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? (p	please see notes below and provide a copy of this report)
On which date was the loss/damage/theft reporte	ed?
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:

## PARTICULARS OF CLAIM

Please itemise below all of the items you wish to claim for. Continue on a separate sheet if necessary. All receipts, police report, any correspondence and any other supporting documents relative to this claim should be forwarded to the company.

FULL DESCRIPTION OF EACH ITEM OF PROPERTY LOST, DAMAGED OR STOLEN	STATE TO WHOM PROPERTY BELONGED	DATE OF PURCHASE	ORIGINAL COST PRICE	AMOUNT DEDUCTED FOR DEPRECIATION/ WEAR AND TEAR	AMOUNT CLAIMED	RECEIPTS/ REPLACEMENT ESTIMATES ATTACHED Y/N If N please state why
					Total	
					Total £	

Owner of Currency	Type & Amount	Rate of Exchange	Original Receipt Enclosed Y/N – if N please detail why	Where Purchased?
			piouse usian mily	
AYEE'S BANK DETA				
		rect to your bank account. This ease complete the following:-	method is quicker, safer and m	nore reliable than
	•	case complete the following.		
ddress:				
ostcode:				
ank Sort Code:				
ccount Number:				
ame of Account Holder(	5)			
atistical purposes and c f these purposes and for vailable information (suc	rime prevention. It may be to systems administration. In h as electoral roll, county co	the Insured Person(s) information ransferred to any country, inclusion assessing any claims made, Wourt judgements, bankruptcy orce Us (such as loss adjusters or	ding countries outside the Euro e or Our agents may undertak lers or repossessions). Informa	ppean Economic Area for any e checks against publicly
With limited exceptions a	nd on navment of the approx	priate fee, You or the Insured P	erson have the right to access	and if necessary rectify
nformation held.	ind on payment of the approp	phate ree, Tod of the insured r	erson have the right to access	and if necessary rectify
DECLARATION				
declare that all the inform	mation given is to the best of	f my knowledge and belief, full	rue and correct.	
SIGNED		DATE		
TO DE COMPLETES :	T THE FEDERATION OF	TICE Minor ===== 2 localis	and are a with afficial at a con-	
		FICE Where possible please	eridorse with official stamp	
certify that the claimant	is a member of the Scheme.			USE OFFICIAL STAMP
SIGNED		DATE		

CHECKLIST
Please return the completed claim form together with any enclosures to Federation Office and 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
As failure to do so will result in delay in handling your claim.