

FISHPAL INSURANCE CLAIM FORM



PERSONAL DETAILS
Name of Insured Person(Mr, Mrs, Miss, Ms, other)
Date of Birth / / OccupationNationality
Correspondence Address
.....Post Code
Telephone Number: HomeWork/Daytime

FISHING DETAILS
CountryRiver Beat
Dates of Fishing: FromTo
Date booking made
How was the fishing paid for? e.g. Credit Card/Cash/Cheque/Other
If paid by Credit Card, please state type used eg Mastercard/Visa

INSURANCE DETAILS
Date Insurance purchasedPremium Paid £

Have you made ANY other insurance claim in the last 5 years? YES/NO. If YES Please append details.

DATA PROTECTION NOTICE

In the event of an insurance claim we share the claims information with other Insurers via the Claims and Underwriting Exchange register administered by Insurance Database Services Limited to check details and prevent fraudulent claims. We may also disclose your information to agents and other insurers to investigate or prevent fraud.

Please complete the appropriate section on the following pages and then sign the claim declaration:-

- I/We declare that all the details provided above are true and accurate to best of my knowledge.
- I/We give consent for Travel Claims Facilities to seek recovery of monies paid where reciprocal agreements are in force, or from other insurers covering the same risk, or from third parties who may be held liable.
- I/We understand that details of this claim may be passed to the insurance industries central claim register
- I/We understand that if a claim is found to be fraudulent or exaggerated that this will invalidate the whole claim and Travel Claims Facilities may seek to recover any costs through the civil courts.
- I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Travel Claims Facilities or the underwriters of the policy will accept responsibility if any payments are not distributed proportionally to the persons concerned.

Once you have read and agreed to the above declarations, please sign and date below

Signed Date

IMPORTANT: The following documentation must be enclosed in order that your claim may be processed. Originals are required, settlement cannot be made on photocopied documents.

TRIP CANCELLATION/FLOODING DISRUPTION Your Insurance Policy and receipt of Premium Paid Your Booking Confirmation (showing your fishing dates) Copy of Death Certificate (if applicable) Completed Medical Certificate if Cancellation for Medical Reasons (see overleaf) (if applicable) Signed Fishpal flood disruption form by River Representative/Ghillie	LUGGAGE AND PERSONAL MONEY Your Insurance Policy and receipt of Premium Paid Your Booking Confirmation (showing your fishing dates) Receipts or Other Evidence of Value for the Items Claimed A Written Report from the Person/Company To Whom the Loss/Damage was Reported Photocopy of Your House Contents Insurance Schedule
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PLEASE SEND THIS COMPLETED CLAIMS FORM WITH THE ABOVE DOCUMENTS TO:-
TRAVEL CLAIMS FACILITIES, 2nd Floor, 1 Tower View, Kings Hill, West Malling, Kent ME19 4UY

FLOOD DISRUPTION CONFIRMATION

In order to claim for flood disruption to your fishing, you must get the ghillie or other representative of the beat to sign this confirmation

TENANT NAME:
BEAT NAME:
RIVER:
NAME OF SIGNATORY:
POSITION OF BEAT:
DATES OF FISHING DISRUPTION:

I CONFIRM THAT ON THESE DATES

1. Fishing was disrupted by **flood** condition (Coloured water alone is not enough)
2. Nobody was able to fish the beat at any time during each day

Signed Date

If you need to send this by post to the beat, please include a stamped addressed envelope for them to return it to you.

Notes

If your cancellation is for medical reasons the Doctors Certificate below will need to be completed and officially stamped by the sick persons General Practitioner or Hospital Consultant. In the event of Death a copy of the Death Certificate will usually suffice but must be accompanied by the name and address of the Deceased's doctor. In the event of redundancy an original letter must be produced from the employer confirming that the Redundancy falls within the terms of the current Redundancy Act, along with exact date of notification. An original letter/notification from the court is required regarding Jury service attendance confirming the dates of notification.

DOCTORS CERTIFICATE

To be completed at the Insured's expense, in its entirety by a qualified medical practitioner (GP or hospital consultant) in respect of a cancellation claim arising from illness or injury.

Full name of sick person whose condition Relationship to the Insured
prevents the journey taking place (if applicable)

Date of Birth Specific Diagnosis

Date of onset of first symptoms of illness/injury

Date you first saw the patient in relation to this condition

Did you advise the insured person against travel prior to the trip ?

Is this an acute exacerbation of a chronic condition?

In your medical opinion what was the exact date that cancellation of the travel arrangements was required?

Please give the reason why the travel arrangements were medically inadvisable

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Has the patient suffered from the above condition before? YES/NO

If YES please give details

At the time the insurance was purchased (see overleaf) was the person mentioned above

(a) awaiting or receiving tests, investigations, treatment, referral or the result of such? YES/NO

(b) receiving any medication, please list.

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In the event of pregnancy state: 1. The E.D.D. 2. The L.M.P.

Has there been a complication of the current pregnancy? YES/NO

If YES please give details

Signed Date Doctors Stamp to Validate

Name Position

LUGGAGE AND PERSONAL MONEY

Is the claim in respect of:- PERMANENT LOSS TEMPORARY LOSS DAMAGE (Tick as Appropriate)

When was your property last seen or known to be undamaged: Date:Time:Place:

When did you discover the loss or damage: Date:Time:Place:

Where were you between the times

Was the property in your custody at the time of loss/damage? YES/NO (Delete as Appropriate)

If NO please give details:

Have you reported the loss/damage YES/NO (Delete as Appropriate)

To whom:Date:Time:

Have you been in subsequent contact with them concerning recovery? YES/NO (Delete as Appropriate)

If YES please give details

NOTE:

A POLICE REPORT MUST BE PROVIDED OR A WRITTEN REPORT SUPPLIED FROM THE PERSON OR COMPANY TO WHOM THE LOSS/DAMAGE WAS REPORTED TO CONFIRM THE LOSS/DAMAGE AND THE NON-RECOVERY.

Please provide full details concerning the circumstances of loss/damage

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Name and address of your House Contents and All Risk Insurers:

.....Policy No

Do you hold any other insurance that may provide cover for any part of this claim? If so, please provide the name of the policy provider, their correspondence address and your policy/membership/account number.

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PLEASE LIST THE ITEMS FOR WHICH YOU WISH TO CLAIM AND ATTACH RECEIPTS OR OTHER EVIDENCE OF VALUE WHERE AVAILABLE

NAME OF OWNER OF THE PROPER	DESCRIPTION OF ITEM	TICK AS APPROPRIATE		SHOP AND TOWN WHERE PURCHASED	DATE OF PURCHASE	PURCHASE PRICE	AMOUNT CLAIMED	TICK AS APPROPRIATE			FOR OFFICE USE ONLY
		Lost	Damaged					Enclosed	To Follow	Not Available	

TOTAL