

Claim Form



Delayed Baggage

Aviva
Travel Claims
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Chichester
West Sussex
PO18 8UE
Tel: 01243 621416
Email: avivatravellclaims@cegagroup.com

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.

Name of Policyholder NORTHUMBRIA POLICE FEDERATION JBB		Policy no. 25110282ECA	
MAIN POLICYHOLDER DETAILS			
Title	First name	Last name	
Email address		Date of birth (DD/MM/YYYY)	
Full address			
			Postcode
Contact no. Daytime		Contact no. Evening	
Please complete the information below as we will need this to check your cover with the Federation Office.			
<input type="checkbox"/> SERVING OFFICER <input type="checkbox"/> POLICE STAFF <input type="checkbox"/> RETIRED			
RANK _____		STAFF No. _____	
COLLAR/POLICE ID No. _____		PAY OFFICE _____	
PAY OFFICE _____			
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 policyholder	I intend to claim on behalf of:
IF NOT MAIN POLICYHOLDER AS ABOVE PLEASE STATE NAME BELOW AND OTHER REQUESTED DETAILS			

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: _____

Address: _____

Postcode: _____

Bank Sort Code:

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Account Number: _____

Name of Account Holder(s): _____

DATA PROTECTION

Information You or the Insured Person supplied may be used for the purposes of insurance administration by Us, its associated companies and agents, by reinsurers and Your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing of Our compliance with any regulatory rules/codes. Your and the Insured Person(s) information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, We or Our agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the Us (such as loss adjusters or investigators).

With limited exceptions, and on payment of the appropriate fee, You or the Insured Person have the right to access and if necessary rectify information held.

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 Aviva 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.