

# Travel Insurance Report Form

---



## Completing the claim form

It is always important to notify your Insurer of a claim as soon as possible after an accident has occurred. Please therefore complete this form and return it to us within 30 days of the incident. We will then forward all relevant information and documentation to your Insurer.

Contact our Claims department or your Account Executive on the following numbers if you require any assistance with completing this form.

PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS. Tick the boxes and sign and date the form

## Contact Numbers

### Claims Department

Andrea Compton	0116 2999016
Sue Hitchcock	0116 2999020

### Partners/Account Executives

Peter Turner	0116 2999005
Perry Turner	0116 2999002
Lee Turner	0116 2999013
Kevin Lewis	0116 2999003
Peter Shaw	0116 2999009

Paul Chesters	0116 2999023
Jeff Cook	0116 2999004
Ketan Popat	0116 2999064
James Fogg	0116 2999015

## Should I make a claim?

All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.

## Complaints Procedure

We will endeavour to deal with all aspects of your insurance requirements in a professional manner. Should you not be satisfied with any aspect of our service, you should refer the matter initially to your account executive. If you remain unsatisfied, you may request that a review of your case be conducted by the partners of Turner & Co. Your complaint will be acknowledged in writing within five days and the investigation completed within fourteen days of your request and a written reply submitted to you. If you are a retail customer as defined by the Financial Services Authority and are still not satisfied you can take your complaint to the Financial Ombudsman Service. Details are available on request.

## Turner and Company

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 [www.turnerand.co.uk](http://www.turnerand.co.uk)  
Authorised and regulated by The Financial Services Authority



# Travel Insurance Report Form

**For office use only** Turner and Co Claim Reference \_\_\_\_\_  
Insurance Company \_\_\_\_\_

## YOUR DETAILS

Name/Insured \_\_\_\_\_  
Policy number \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ Occupation \_\_\_\_\_  
Fax number \_\_\_\_\_  
E-mail address \_\_\_\_\_

## GENERAL QUESTIONS

Date of start of travel \_\_\_\_\_ Date of end of travel \_\_\_\_\_  
Incident Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm \_\_\_\_\_  
Location \_\_\_\_\_  
State fully circumstances of loss \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DECLARATION

**Insurers share information with each other to prevent fraudulent claims and for underwriting purposes. The information you supplied on this form, together with the information you have supplied on the proposal form and other information relating to the claim, may be provided to other Insurers.**

***The submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.***

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.

Signature of Policyholder \_\_\_\_\_ Date \_\_\_\_\_

## Turner and Company

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 www.turnerand.co.uk  
Authorised and regulated by The Financial Services Authority