

TRAVEL LEGAL EXPENSES INSURANCE CLAIM FORM

Please complete this claim form in **BLACK INK** and return it as quickly as possible to:-

claims@arclegal.co.uk

Alternatively you can post your form to Arc Legal Assistance, PO BOX 8921, Colchester, CO4 5YD

IMPORTANT NOTES ABOUT THE COMPLETION OF YOUR CLAIM FORM

1. **REMEMBER to include your Policy Number, Name of Insurer and Legal Helpline Reference Number.** These fields are mandatory and marked with a *
2. You must not delay in returning the form as there are often strict time limits that apply and any delay could prejudice your position
3. Until your claim is accepted there is no cover for any legal fees incurred by you
4. Your claim cannot be accepted until this form is returned and assessed
5. Your claim form must be completed in **BLACK INK**

Only legal fees incurred with our specific prior consent will be covered under this insurance.

SECTION 1 – YOUR DETAILS

Your Full Name (if under 18 please ALSO state your guardians name):

Address:

Contact Details:

Day Time:

Evening:

Mobile:

Email:

Date of Birth:

Occupation – please ALSO state if employed or self employed:

National Insurance Number:

How and through whom did you book your holiday?

E.g. through a Tour Operator, Agent, Direct over the Internet etc.

Legal Helpline Reference Number*:

PLEASE ENCLOSE YOUR BOOKING INVOICE

SECTION 2 – INSURANCE DETAILS

Name of Travel Insurance Company*:

Policy Number*:

Claim Number issued by Insurer

Date Policy Taken Out:

Start and End date of period of Insurance:

Do you have any other insurance or union membership which entitles you to claim Legal Expenses? **YES** **NO**

If so, please give details of the insurer:
Name of Insurer:
Address:

Contact Number:

Policy Number:

PLEASE ENCLOSE YOUR INSURANCE CERTIFICATE OR SCHEDULE

SECTION 3 – INCIDENT DETAILS

Please state the exact Date, Time, Location and Country of the incident:

Who do you wish to make your claim against?
Name:
Address:

Contact Number:

Do you know whether they have insurance? **YES** **NO**

If so, please give details of their insurance:

SECTION 3 – INCIDENT DETAILS Cont.

Please give a full description of the incident you are wishing to make a claim for and state why you think the third party to be negligent. Please provide a sketch or photograph:

SECTION 3 – INCIDENT DETAILS Cont.

Was the incident reported to the police? **YES** **NO**

If so, please give details of the relevant police station and police officers:

Police Officers' Names:
Police Station:
Address:
Contact Number:

PLEASE ATTACH ANY DOCUMENTS ISSUED BY THE POLICE

Was an Agreed Statement of Facts form completed? **YES** **NO**

IF YES, PLEASE ATTACH A COPY

Did any person witness the incident? **YES** **NO**

If so, please state their:

Name:
Address:
Contact Number:

Witness 2 – please state their:

Name:
Address:
Contact Number:

Witness 3 – please state their:

Name:
Address:
Contact Number:

PLEASE ATTACH ANY DOCUMENTS RELATING TO THIS INCIDENT

SECTION 4 – INJURY DETAILS

Have you been injured as a result of the incident? **YES** **NO**

Have you been treated abroad for this injury? **YES** **NO**

If you were treated abroad, please give the name of the hospital and doctor who treated you:

Doctor's Name:
Hospital:
Address:
Contact Number:

Were you kept in hospital abroad as an In-Patient? **YES** **NO**

If you were kept in hospital abroad as an In-Patient, please state how long:

Have you been to any hospital in the UK as a result of the injury? **YES** **NO**

If you have been seen at a UK hospital, please give the names of the hospitals visited and the number of visits so far:

Hospitals:
Address':
Contact Number:
Number of Visits:

Are you still receiving treatment at a UK hospital? **YES** **NO**

PLEASE ENCLOSE ANY DOCUMENTS ISSUED BY THE DOCTOR/HOSPITAL, INCLUDING THEIR DISCHARGE REPORT

SECTION 4A – NECK OR BACK INJURIES

Have you had any neck or back pain? YES NO

If you have, please answer all of the questions below:

Did the pain come on immediately? YES NO

If no, please state how much later the pain came on:

How long have you had neck or back pain?

Are you now fully recovered? YES NO

SECTION 4B – BROKEN BONES & INTERNAL INJURIES

Does your injury include any broken bones? YES NO

If so, please describe where and the severity of the injury:

Will you be left with any scarring as a result? YES NO

If so, please give as much information as possible about this:

Did you have any internal injuries? YES NO

If so, please describe where and the severity of the injury:

SECTION 4C – HEAD INJURIES

Did you hit your head at all? YES NO

If so, did you lose consciousness? YES NO

Can you remember all the events after the accident? YES NO

When and what was your first recollection of the accident?

SECTION 4D – OTHER INJURIES

Did you have any other injuries at all not outlined in section 4a, b or c? YES NO

If so, please give as much information as possible about your injury:

PLEASE ENCLOSE ANY PHOTOS TO SUPPORT YOUR INJURY CLAIM

SECTION 5 – FINANCIAL COSTS

Do you wish to make a claim for loss of earnings? YES NO

If so, please answer all of the questions below:

How long have you been off work as a result of the incident?

What income have you lost?

Please provide the name and address of your employer:
Name:
Address:

SECTION 5 – FINANCIAL COSTS Cont.

Did you have any other financial costs which you have been unable to claim through your travel policy?

YES

NO

If so, please give as much information as possible about your costs:

PLEASE ENCLOSE ANY DOCUMENTATION ABOUT YOUR COSTS

SECTION 6 – ANY OTHER DETAILS & DECLARATION

Is there any other relevant information about your claim?

YES

NO

If so, please give details:

DATA PROTECTION ACT

Any information provided by you will be held by Arc Legal and used by them and / or the underwriters who provide the insurance cover for underwriting, claims processing, claims management and fraud prevention purposes, all subject to the provisions of the Data Protection Act 1998.

DECLARATION

I / We declare that the above information is, to the best of my / our knowledge and belief, correct. I / We therefore request indemnity in accordance with the terms of the policy.

Signed

Dated

Copy Insurance Schedule Attached: