

PUPILS' PERSONAL EFFECTS INSURANCE

CLAIM FORM

Please fully complete and return this form to Marsh's Education Practice, together with any relevant supporting documentation, at the latest by the end of the following term in which the event giving rise to the claim occurred.
NB: Proof of purchase/ownership is required along with replacement estimates/invoices for all items claimed.

Please complete in BLOCK LETTERS

Name of school:	
Name of parent / guardian: (please delete as appropriate)	
Name of pupil:	
Address:	
	Post code:
School address:	
	Post code:

This section must be fully completed:

TYPE OF CLAIM: (please delete as appropriate)	Loss / damage / theft
Where did the loss / damage / theft occur?	
Date of loss / damage / theft:	
Did the loss / damage / theft occur during term time?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please give details of the loss / damage / theft:	
To whom was the loss / damage / theft reported?	

IF ARTICLE(S) LOST / STOLEN:

Were the police informed? YES <input type="checkbox"/> NO <input type="checkbox"/> If 'YES', please advise at which station:
What steps were taken regarding recovery of the article(s):

IF ARTICLE(S) DAMAGED: Please supply estimates for costs of repairs or a letter from a reputable dealer confirming irreparably damaged.

Please note there may be a deduction for depreciation / wear and tear, as per the terms and conditions of the policy.
 All losses are subject to relevant policy excesses.

N.B. There is no cover for mobile phones and accessories

PARTICULARS OF CLAIM

Description of lost/damaged/stolen property	Original date of purchase	Original purchase price	Amount claimed	Proof of purchase attached Y/N	If no proof of purchase, please state reason

(please continue on an additional sheet if required)

For office use. Ref:

PLEASE NOTE:

- In order that claims under this scheme can be dealt with quickly, the underwriters have given Marsh Education Practice authority to assess and settle claims. In this respect only, Marsh is acting as an agent of the underwriters. If this is not acceptable to you, then please indicate by ticking this box
- Settlement can only be made in British Pounds Sterling (£). If we are unable to make payment directly into the account specified below, we will issue a cheque made payable to the parent or guardian as shown overleaf at the address provided.
- Your information will be handled in accordance with current Data Protection legislation and our strict internal standards. It may be passed to insurers and others to process your claim. Full details of our Data Protection policy are contained in our Terms of Engagement and other documentation.

DATA PROTECTION - Your information (including information we already hold and may receive now and in the future as well as information about lapsed policies) may be held on a group database and may be shared with other MMC group companies. This will allow us to reflect all the connections that you have with the MMC group. Your information will be used for general insurance administration purposes, for offering renewal, for research and statistical purposes and for crime prevention. In the course of performing our obligations to you, your information may be disclosed to agents and service providers appointed by us, including insurers, consultants, market research and quality assurance companies. Your information may be transferred to any country including countries outside the European Economic Area for any of these purposes and for systems administration. Such information may include "sensitive data".

The Data Protection Act 1998 defines sensitive data as information about your racial or ethnic origin, political opinions, religious beliefs or beliefs of a similar nature, trade union membership, physical condition or mental health, sexual life, criminal record, pending court proceedings or sentence or any alleged offence.

You have a right to access (subject to limited exceptions) and if necessary rectify the information that we hold about you.

Insurers pass information to the Claims and Underwriting Exchange Register. This register has been established to help check the information provided and also to reduce fraudulent claims. This register may be searched when dealing with your request for insurance. Under the conditions of your policy, you must declare all incidents whether or not they may result in a claim. This information may be passed to the register.

DUTY OF DISCLOSURE - It is your duty to disclose to insurers, before the insurance contract is concluded or at any other time when providing information to your insurer as required by the policy, or when making a claim, all information, facts and circumstances which are, or ought to be, known to you and which are material to the risk.

All information, and every fact and circumstance is "material" if a prudent insurer would have reasonably taken it into account in considering the risk - not just in fixing the premium - or deciding whether to take the risk. It is likely that any changes to facts previously advised will be material and such changes should therefore be notified.

A fact should not be regarded as immaterial merely because it is not the subject of a question on a proposal form. For example, an un-notified claim is likely to be a material fact to be disclosed. If in any doubt as to whether information is material, you should disclose it, as failure to do so may lead to your policy being avoided (i.e. your cover being invalidated) by insurers.

Please take care when completing this claim form to ensure that the information is complete and accurate.

TO BE COMPLETED BY THE SCHOOL - (Confirmation that the pupil in question was on cover at the time of the loss)

Name of school: _____

Name of pupil: _____

Signature of school official: _____ Date: _____

DECLARATION

I hereby declare that all the above information is true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____
 Parent / Guardian / Principal or Official acting in loco parentis (please delete as appropriate)

- PLEASE ENSURE:**
- You have completed ALL relevant questions on this claim form
 - You have enclosed all requested information/documentation
 - This claim form has been signed in all relevant sections.

Failure to do so may result in a delay in handling your claim.

Please return the completed claim form together with any enclosures to:
 Marsh Ltd, Education Practice, Capital House, 1-5 Perrymount Road, Haywards Heath, West Sussex RH16 3SY

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PAYMENT INFORMATION

Payment should be made to: (please tick as appropriate) Parent School
 The safest and preferred payment method is by BACS; therefore please complete the box below

Name of the Account Holder(s):		
Account number:	Sort code:	/ /

