

We recognise the need for prompt and careful handling of your claim. Please help us to help you by answering all relevant questions. Continue your answers on a separate page if necessary.

In addition you should:

1. telephone us or your insurance advisor if you need assistance.
2. retain all damaged items as we may wish to inspect them.
3. provide all documentation in support of your claim. Where the absence relates to accidental bodily injury or illness; please provide a statement from the treating doctor/consultant detailing the injury or illness. For school closures; please provide written confirmation from the head teacher or closure dates and reason for closure. For all other claims; please provide documentary evidence supporting the reason for non-payment or withdrawal of the pupil. Please note that you should not delay submitting this form in the event that you do not have the necessary documentation to hand.

Please return the completed form to the following address: adjusters@vanameyde.com.

1. Policy number

2. School details

Name of school:

Address:

School contact person:

Telephone number:

Email address:

3. Pupil details

Full name:

Date of birth:

4. Parent details

Full name:

Correspondence address:

Telephone number:

Email address:

5. Alternative contact

Please provide the details of an alternative contact if this is not yourself. Please note this person must be authorised to discuss this matter on your behalf.

Full name:

Correspondence address:

Telephone number:

Email address:

6. Circumstances of accident or illness

Date of accident or onset of illness:

Location of accident:

Brief circumstances of accident or illness (continue on a separate sheet if necessary):

Details of medical practitioner:

Details of hospital attended:

Date of admission:

Date of discharge:

7. Claim details

Date of first absence:

Date of return:

Length of continued absence (in full days) for which you are claiming reimbursement of school fee:

Fees payable per term for this pupil:

In the event that your claim is accepted and you would prefer us to pay funds.

Number of available tuition days in the term:

Where a pupil has been withdrawn, please advise the last date of attendance:

Please advise whether the place has now been filled and if not, what attempts have been made to secure an alternative fee paying pupil.

Yes No

8. Payment details

In the event that your claim is accepted and you would prefer us to pay funds straight into your account, please fill in the details below :

Payment to be made by: (please tick preference)

Direct transfer to the account below :

Name and address of bank:

Account name:

Sort code:

Bank account number:

Cheque made payable to you:

9. Data Protection Act

By signing this claim form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

10. Declaration

I declare that the details given on this form are true and complete to the best of my knowledge.

Name

Signature

Date