## How to **Submit a Claim**

All claims must be reported within ninety (90) days of occurrence.

1. Gather all your claim documentation.
   *You are responsible for any fees charged for issuing supporting documentation that may be required.*
2. Complete and sign the claim form.
   *The claim form must be completed by the insured or by a parent or legal guardian if the insured is a minor.*
3. Mail all documentation to 5301 Blue Lagoon Drive. Suite 580. Miami, FL 33126 USA.
   *All baggage claims must be submitted by mail.*

## Claim **Checklist**

- ☐ The fully completed claim form, signed and dated.
  *Incomplete claim forms will be returned to you, and this will delay the processing of your claim submission.*

- ☐ Proof of travel indicating the departure date from the country of residence and destination(s).
  *For example: a copy of your trip itinerary, e-ticket or paper ticket, hotel, taxes, service fees or any other expenses.*

- ☐ Proof of ownership of lost, damaged, stolen, or delayed items.
  *For example: receipts, credit card statements, photos, instruction manuals, etc.*

- ☐ An original Property Irregularity Report for lost, damaged, stolen, or delayed items.
  *This may be filed with the airline, airport, cruise line, bus line, tour operator or hotel. If the loss, theft, or damage was noticed only upon your return home, please notify the responsible party (airline, airport, cruise line, bus line, tour operator, or hotel) and request a Property Irregularity Report. Claims without this report will not be considered.*

- ☐ A copy of a police report for items stolen at your area of destination.
  *Claims without this report will not be considered.*

- ☐ A copy of all documents for your records.

**CLAIM FORM BEGINS ON THE NEXT PAGE**

**SUBMIT COMPLETED FORMS AND ORIGINAL RECEIPTS TO:**

**VUMI**
5301 Blue Lagoon Drive. Suite 580.
Miami, FL 33126 USA

**TO CHECK CLAIM STATUS, CONTACT:**

Toll Free (U.S. and Canada): **1.833.226.7753**
Collect (Worldwide): **+1.416.645.1187**
Email: **travelclaims@vumigroup.com**

## Section I. **Information About the Insured(s)**

### Policyholder

1. Policy number: | 2. Last name: | 3. First name: | 4. M.I.:

5. Date of birth: M M / D D / Y Y Y Y | 6. Gender: ○ Male ○ Female | 7. Phone number: | 8. Fax number: | 9. Email address:

10. Address: | 11. City: | 12. State: | 13. ZIP code: | 14. Country:

### Travel Companion(s)

| | FIRST NAME | M.I. | LAST NAME | GENDER | DATE OF BIRTH |
|---|---|---|---|---|---|
| 1 | | | | ○ Male ○ Female | M M / D D / Y Y Y Y |
| 2 | | | | ○ Male ○ Female | M M / D D / Y Y Y Y |
| 3 | | | | ○ Male ○ Female | M M / D D / Y Y Y Y |

## Section II. **Information About the Trip**

1. City and country of destination:

2. Transportation carrier: ○ Airplane ○ Ship ○ Bus ○ Train ○ Other | 3. Date of arrival: M M / D D / Y Y Y Y | 4. Time of arrival:

5. Travel period:
From: M M / D D / Y Y Y Y To: M M / D D / Y Y Y Y

## Section III. **Information About the Claim**

1. Type of claim: ○ Loss ○ Theft ○ Damage ○ Delay | 2. Date incident occurred: M M / D D / Y Y Y Y | 3. Location where incident occurred:

4. How incident occurred:

5. Has the claim been reported?
○ Yes ○ No

*If yes*, to whom was the claim reported?
○ Airline ○ Cruise line ○ Bus line ○ Tour guide ○ Hotel ○ Police ○ Other *(specify)*: _____

**Please enclose the original Property Irregularity Report (PIR) or a statement from the carrier detailing the incident. To receive coverage, you must include the original PIR with this claim form and mail it to the address indicated on page 1.**

*If not*, provide an explanation for not reporting the loss:

## Section IV. **Schedule of Lost Items**

In case of delay, list all the necessary purchases. In case of loss, damage, or theft, list all the affected items.

| | DESCRIPTION OF ITEM CLAIMED | QUANTITY | OWNER OF THE ITEM | DATE OF PURCHASE | PURCHASE PRICE (USD) | EST. REPAIR COST* |
|---|---|---|---|---|---|---|
| 1 | | | | M M / D D / Y Y Y Y | | |
| 2 | | | | M M / D D / Y Y Y Y | | |
| 3 | | | | M M / D D / Y Y Y Y | | |
| 4 | | | | M M / D D / Y Y Y Y | | |
| 5 | | | | M M / D D / Y Y Y Y | | |
| 6 | | | | M M / D D / Y Y Y Y | | |
| 7 | | | | M M / D D / Y Y Y Y | | |
| 8 | | | | M M / D D / Y Y Y Y | | |
| 9 | | | | M M / D D / Y Y Y Y | | |
| 10 | | | | M M / D D / Y Y Y Y | | |

Attach separate sheet if required.

*(*Estimated repair cost or actual cash value)*

## Section V. **Other Payments and Insurance**

1. Do you have benefits available through other insurance?

○ Yes ○ No *If yes*, provide details below:

| NAME OF THE INSURANCE PROVIDER | POLICY NUMBER | TELEPHONE NUMBER |
|---|---|---|
| | | |
| | | |

2. Have you claimed benefits from any other party?

○ Yes ○ No *If yes*, attach a copy of the settlement or denial.

## Section VI. **Reimbursement Method**

### ○ Bank transfer

1. Bank name:

2. Bank address:

3. Account holder name:

4. Account number:

5. ABA / routing number / SWIFT code / BIC:

6. IBAN:

### ○ Check

1. Name:

2. Mailing address:

3. City:

4. State:

5. ZIP code:

6. Country:

**If no choice of reimbursement method is selected, a check will be issued and mailed to the address listed in Section I. The reimbursement method cannot be changed once the claim has been processed.**

## Section VII. **Certification and Authorization**

I certify that I have read and reviewed all answers and statements in this form and that, to the best of my knowledge, the information is complete and correct. I understand that any omissions, incomplete statements, or incorrect answers may result in the delay or denial of this claim.

I authorize any other insurer to release and exchange with VUMI, its subsidiaries and affiliates any information required to process this claim.

**A photocopy of this authorization shall be as valid as the original.**

1. Insured's full name *(or parent's/legal guardian's if the insured is a minor)*:

2. Insured's signature (*or parent's/legal guardian's if the insured is a minor*):

3. Date:

M M / D D / Y Y Y Y