



TicketPlan Master Policy Protection – Claim Form

Instructions for Ticketholder

1. Please complete your details in BLOCK CAPITALS.
2. After completing the form please forward it to:

Technical Claims Department, Allianz Schemes, 500 Avebury Boulevard, Milton Keynes MK9 2XZ

Please note:

The Ticketplan Master policy protection is an insurance contract between Allianz Insurance plc and the Master Policyholder shown in the Master Policy Schedule

All claims must be reported within 24 hours

Unused tickets and proof of the purchase of the Ticketplan master policy protection will need to be forwarded with this claim

Please answer all questions clearly and concisely to avoid misunderstanding or delay.

1. Your Details

Title _____ Initials _____ Surname _____

Address _____ Postcode _____

Telephone (Home) _____ Telephone (Daytime) _____

2. Event Details

Date of Booking _____ Theatre _____ Show _____

Cost of tickets _____ Date of Show _____

Details of persons due to attend performance

3. General Information

When did you become aware that you were unable to attend the event _____

Please identify why you were unable to attend the performance:

Death/illness/accident/failure, delay or breakdown of public transport/breakdown, accident of private transport (delete as applicable)

4. Claim Details

Please complete the section which is relevant to your claim.

A. Bereavement – Please be advised we will need to have sight of the death certificate

Identity of the deceased _____

If not attending the performance please indicate their relationship to you _____

Date and cause of death _____

Had this person been undergoing treatment for the condition which caused their death _____

Had there been any change to this treatment within the last 2 months? If so please detail _____

B. Accident – Please be advised we will require a doctor's note confirming details

Identity of the person who suffered the accident _____

If not attending the performance please indicate their relationship to you _____

Nature of accident _____

When/how accident occurred _____

Why did the accident prevent this person from attending the theatre _____

C. Illness – Please note we will require a doctor’s letter/note confirming you were not able to attend the performance, the condition and if there had been any changes to the treatment in the 2 months prior to the booking

Identity of person suffering illness _____

If this person was not attending the performance please indicate their relationship to you _____

Nature of illness _____

When was this first diagnosed _____

Was this person undergoing treatment for this condition _____

If so had there been any change in the treatment within the past 2 months prior to the booking, if so please detail

D. Breakdown of public transport or failure/delay due to strike – Please note we will require official notification of strike/breakdown from service provider

Details of those people in your party affected _____

Details of the journey _____

Details of dispute/strike _____

Please confirm when you became aware of the event giving rise to the claim _____

E. Breakdown of Private Transport – Please note we will require a vehicle recovery service report or copy of garage repair bill

Details of vehicle concerned _____

Details of journey _____

Details of when you left home _____

Location of incident _____

Time of incident _____

Details of incident _____

Declaration – To be signed by the customer for ALL claims

The above answers to our questions will be the basis of consideration of the Master Policyholder’s claim under their Master Policy. You must ensure that all information is true and correct to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of this Master Policy.

If you are in any doubt as to whether a fact is material, you must disclose it.

FAILURE TO DO THIS MAY MEAN THAT THE POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

I declare that the information I have provided above is true to the best of my knowledge. Any claim paid to the Master Policyholder as a result of any knowingly incorrect statement made by me or on my behalf shall be invalid and may result in subsequent action being taken against me. I agree that any copy made of this form shall have the validity of the original.

Signature _____ **Date** _____

Data Protection Notification.

The details you provide will be used by Allianz Insurance plc to administer this claim for the purpose of fraud prevention. We will not keep your details for longer than is necessary. You are entitled to a copy of all the information we hold on you, for which we may charge you £10. This insurance is underwritten by Allianz Insurance plc: Registered in England No. 84638. Registered Office: 57 Ladymead, Guildford, Surrey GU1 1DB

This insurance is underwritten by Allianz Insurance plc: Registered in England No. 84638. Registered Office: 57 Ladymead, Guildford, Surrey GU1 1DB, United Kingdom. Administered by Allianz Schemes, 6 Vale Avenue, Tunbridge Wells, TN1 1EH, United Kingdom. Allianz Insurance plc is authorised and regulated by the Financial Services Authority (FSA). Our authorisation can be confirmed by the FSA by calling 0845 606 1234 or at www.fsa.gov.uk. Our FSA registration number is 121849.