

**Important:** This claim form is for policies purchased on or after 23rd October 2020 Only. Do not complete this form if you purchased a policy before this date.

Please complete the section(s) relevant to your claim on below Claim Form in full.

Please provide the supporting documentation applicable to the section(s) of the policy you wish to claim under / the type of claim(s) you are submitting. Please see list of required supporting documentation below. Please note the absence of required supporting documentation may result in a delay in processing your claim.

If you have any queries or require assistance with you claim, please contact the White Horse Claims Department on 01733 224 845 (Monday to Friday 9am to 5pm) or by email to [whclaims@wedinsure.co.uk](mailto:whclaims@wedinsure.co.uk). You can also send your completed claim form and documents to this email address.

**List of required supporting documentation, by type of claim.**

Cancellation and Rearrangement, and Financial Failure of Suppliers

- Copies of the contract held with each wedding supplier.
- Written confirmation from the provider to confirm cancellation, rearrangement of failure along with the reason for cancellation, rearrangement of failure and confirmation of any refund amount paid or due
- Receipts for deposits or invoices paid.
- Details of efforts to recoup any monies paid to suppliers and their responses.

Ceremonial/Bridal Attire

- Police Report (for loss)
- Repair Estimate (for damage)
- Original receipt or proof of purchase
- Photographer's invoice

Photography and Video

- Copy of the contract held
- Written confirmation for the reason for failure and copy of correspondence with the provider in regard to the failure (for failure to appear)
- Written confirmation from the supplier for the reason for loss or damage (for loss of damage claims)
- Invoice/Receipt for the expenses claimed
- Details of efforts to recoup any monies paid to suppliers and their responses

Wedding Gifts and Wedding Rings, Flowers, Attendants' Gifts and the Wedding Cake

- Police Report (for loss)
- Repair Estimate (for damage)
- Original receipt or proof of purchase

Wedding Cars and Transport

- Copy of the contract held
- Written confirmation for the reason for failure and copy of correspondence with the provider in regard to the failure
- Invoice/Receipt for the expenses claimed
- Details of efforts to recoup any monies paid to suppliers and their responses

Personal Liability and Public Liability Extension

**Please contact the White Horse Claims Department on 01733 224 845 directly if you need to claim under these sections**

- A full and detailed written account of the circumstances of the incident stating any damage and injuries sustained. Including the names and addresses of any witnesses or third parties involved.
- All correspondence received from any third party, such as solicitors, insurance companies, hospitals, police and any individuals.

Optional Marquee Extension and Optional ceremonial swords extension

- Copy of the contract held
- Invoice/Receipt for the expenses claimed
- Police Report (for loss or theft)
- Repair Estimate (for damage)

<b>Claim Reference Number:</b> (To be completed by White Horse)	
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### **1. Personal Details:**

Title:	First name:	Surname:

Address (including postcode if applicable):

Daytime contact telephone number:	Email Address:

Policy Reference Number:

### **2. Ceremony and Reception Details**

Wedding Date:	Reception Date:
Wedding venue address:	
Wedding reception venue address:	

### **3. Which Section(s) of the policy do you wish to claim for?**

<b>Please tick all relevant boxes</b>	
<input type="checkbox"/> Cancellation & Rearrangement (Section 1)	<input type="checkbox"/> Financial Failure of Service Suppliers (Section 2)
<input type="checkbox"/> Ceremonial Attire (Section 3)	<input type="checkbox"/> Photography and Video (Section 4)
<input type="checkbox"/> Wedding Rings, Flowers, Attendants' Gifts and Wedding Cake (Section 5)	<input type="checkbox"/> Cars and Transport (Section 6)
<input type="checkbox"/> Wedding Gifts (Section 7)	<input type="checkbox"/> Personal Liability (Section 8)
<input type="checkbox"/> Optional Public Liability Extension (Section 9 – Subject to an additional premium)	<input type="checkbox"/> Optional Marquee Extension (Section 10 – Subject to an additional premium)
<input type="checkbox"/> Optional Ceremonial Swords Extension (Section 11 – Subject to an additional premium)	

#### **4. Bank Details**

In the event of your claim being successful we will make payment directly into your nominated bank account, please provide bank account details as specified below.

Please note, if the below information is not provided or is incorrect payment will be delayed.

Name of your bank:	
Address of your bank branch:	
BIC* *UK/Sterling Accounts Require a BIC11 (11 Digit) number. *Euro Accounts Require a BIC8 (8 Digit) number.	
IBAN	
Please print your name(s) exactly as it appears on your bank account:	

Your bank account number and sort code is not sufficient. Both BIC and IBAN must be provided.

*If you are unsure of any of the above information it can be found on your bank account statement, on-line banking or by contacting your bank directly.*

#### **5. Other Insurance Details:**

Do you or anyone else claiming, have any other insurance policies that may cover this trip? For example, through a bank account, credit card company, tour operator, travel agent, home insurance or private health insurance:

YES	NO	(please tick)
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If yes, please provide the name of the provider: Policy number:

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Type of cover:

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If you hold insurance through your bank, please confirm the type of bank account held (for example, premier, gold, current) and the last four digits of your bank account number:

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Please complete the sections below which you wish to claim under.

**Cancellation, Curtailment and Rearrangement (Section 1)**

What was the cause of the cancellation or rearrangement? **Please provide full details of events contributing to this claim, including dates;**

Were any of the claimed expenses used in part or full in any way? If yes, please provide details.

**Please list all the money lost, the amounts you paid and any amounts you have recovered. Please use additional sheet if required**

Item	Method of payment	Amount paid	Amount recovered
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
	Total	£/€	£/€
	<b>Total Claimed (total paid minus total recovered)</b>		<b>£/€</b>

Please record any additional items on a separate page if required.

**Financial Failure of Wedding Service Suppliers (Section 2)**

Please provide us with a full explanation of which suppliers failed and dates on which you became aware of the failure

Were any of the claimed expenses used in part or full in any way? If yes, please provide details.

**Please list all the money lost, the amounts you paid and any amounts you have recovered. Please use additional sheet if required.**

Item	Method of payment	Amount paid	Amount recovered
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
	Total	£/€	£/€
	<b>Total Claimed (total paid minus total recovered)</b>		£/€

*Please record any additional items on a separate page if required.*

**Ceremonial Attire (Section 3)**

Please provide a full description of the loss (including date and location)				
If the loss was a result of theft or criminal damage, was it reported to the police? <b>YES</b> <b>NO</b>				
If yes, please provide the details of the police station to which the incident was reported				
Crime reference number				
<b>Please list all the items lost, damaged or stolen. Please use additional sheet if required</b>				
Description of item (s)	Date of purchase & approximate age	Original Cost	Method of purchase	Current Value (Amount Claimed)
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
<b>Total Claimed</b>				<b>£/€</b>

*Please record any additional items on a separate page if required.*

**Photography and Video (Section 4)**

Photographer or Video/DVD service provider details			
Description of package ordered			
Cost of package ordered    £/€		Cost of loss    £/€	
Please provide a description of what has happened			
Do you intend to re-stage the taking of the photographs/video? <b>YES</b> <b>NO</b>			
If yes what is the estimated cost    £/€			
<b>Please list details of failed suppliers, amounts paid and any amounts you have recovered. Please use additional sheet if required.</b>			
Supplier	Method of payment	Amount paid	Amount recovered
	Credit card/debit card/other	£	£/€
	Credit card/debit card/other	£	£/€
	Credit card/debit card/other	£	£/€
	Credit card/debit card/other	£	£/€
Total		£	£/€
Net loss (total paid minus total recovered)			£/€
Cost of restaging photographs/video			£/€
<b>Total Claimed (Net loss plus cost of re-staging)</b>			£/€

*Please record any additional items on a separate page if required.*

**Wedding Rings, Flowers, Attendants' Gifts, Wedding Cake (Section 5)**  
**and/or Optional Marquee Extension (Section 10)**  
**and/or Optional ceremonial swords extension (Section 11)**

Please provide a full description of the loss (including date and location)				
If the loss was a result of theft or criminal damage, was it reported to the police? <b>YES</b> <b>NO</b>				
If yes, please provide the details of the police station to which the incident was reported				
Crime reference number				
<b>Please list all the items lost, damaged or stolen. Please use additional sheet if required.</b>				
Description of item (s)	Date of purchase & approximate age	Original Cost	Method of purchase	Current Value (Amount Claimed)
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
<b>Total Claimed</b>				<b>£/€</b>

*Please record any additional items on a separate page if required.*



**Cars and Transport (Section 6)**

Please provide us with a full description of the events which resulted in your claim including dates			
Did you need to arrange alternative transport? <b>YES</b> <b>NO</b>			
Please provide us with the details of the alternative transport			
Please provide us with the cost of the alternative transport		£/€	
<b>Please list details of failed transport providers, amounts paid and any amounts you have recovered. Please use additional sheet if required.</b>			
Supplier	Method of payment	Amount paid	Amount recovered
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
	Credit card/debit card/other	£/€	£/€
Total		£/€	£/€
Net loss (Total paid minus total recovered)			£/€
Cost of alternative transport			£/€
<b>Total Claimed (Net loss plus cost of alternative transport)</b>			£/€

*Please record any additional items on a separate page if required.*

**Wedding Gifts (Section 7)**

Please provide a full description of the loss (including date and location)				
If the loss was a result of theft or criminal damage, was it reported to the police? <b>YES</b> <b>NO</b>				
If yes, please provide the details of the police station to which the incident was reported				
Crime reference number				
<b>Please list all the items lost, damaged or stolen. Please use additional sheet if required</b>				
Description of item (s)	Date of purchase & approximate age	Original Cost	Method of purchase	Current Value (Amount Claimed)
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
		£/€	Credit card/debit card/other	£/€
<b>Total Claimed</b>				<b>£/€</b>

*Please record any additional items on a separate page if required.*

**Personal Liability (Section 8) and/or Optional Public Liability Extension (Section 9)**

**If you wish to claim under these sections, please contact us directly on 01733 224 845 to register your claim.**

Please do not under any circumstances talk, write or communicate with any person regarding this incident without the express written permission of the Underwriter. If you do, or fail to call us directly, your claim may become invalid.

Cause of Personal Liability claim	
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Please detail the reasons for this Personal Liability claim:

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What are your household insurance details?

Insurers name	
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Insurers address	
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Policy number	
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Please note that your insurance policy contains General Exclusions of cover as well as specific exclusions under this section of cover. Please check your policy booklet or ask us for further clarity.

**Declaration and Authorisation - Required for all claims**

**Data Protection**

In order to administer your claim, the personal information provided in this form may be held on our processing systems and/or in manual files for administration, claims management and other insurance purposes by White Horse Insurance Ireland dac or White Horse Administration Services Limited (“us”). We may disclose your personal data to (and may request information from) other insurance servicing companies including for claims handling and fraud prevention purposes. By providing to us your personal information or personal information regarding other individuals, you confirm that you have the authority to do this and that you consent to the collection and processing of this personal information by us as stated in our Privacy Policy which you can obtain by emailing customerservice@white-horse.ie  
 By returning this form, you consent to us processing your personal data for the above purposes.

**Consent and Declaration**

I/We hereby declare that all information and documents given in connection with this claim are true and correct. I/We have not omitted any material information, which would affect the assessment or validity of this claim.

I/We are aware that it is a criminal offence to defraud or attempt to defraud an insurer and that by doing so I/We may be prosecuted. If your claim is found to be fraudulent, the claim will be declined.

I/We confirm that where a claim is or claims are made on behalf of others, that I/We have their full authority to act on their behalf and I/we confirm that White Horse Administration Services Ltd will not accept any responsibility if any payments are not distributed proportionately and correctly to all appropriate persons.

I/We give my/our authority to White Horse Administration Services Ltd or their representatives to contact and share data with airlines, other insurers regarding queries on shared liability and seeking recovery of monies paid.

**For medical related claims:**

I/We give my/our authority to White Horse Administration Services Ltd or their representatives to contact and obtain my/our medical and clinical attendance records, which they deem necessary to assess my/our claim, from any doctor, person or organisation for any medical claim I/we have submitted.

I/We give my/our authority to any doctor, person or organisation to release my/our medical and clinical attendance records to White Horse Administration Services Ltd or their representatives.

I/We hereby confirm that I/we will supply White Horse Administration Services Ltd with any documentation they require to assess any claim concerning the illness, injury or death of an uninsured person related to my claim.

I/We have read and fully understand the declarations above.

Once you agree to the above declarations, please ensure that all persons claiming sign below.

Claimant's Full Name	Date of Birth	Claimant's Signature	Date

*A digital signature is acceptable however, we may need an original signature at a later stage*

**Consent to discuss claim with another person**

We are aware that some circumstances may mean you need to ask someone else to deal with your claim on your behalf. Please note that due to Data Protection regulations we can only deal with persons whom you have given us consent to speak to so if you would like us to be able to discuss your claims with another person, please complete the below section. You can withdraw this consent at any time by contacting us. On occasions even with the provision of this consent, where there is uncertainty in respect of the information provided, we may need to clarify/verify certain details with the actual claimant.

The person you wish to authorise

<b>Full Name</b>	<b>Date of Birth</b>	<b>Claimant's Signature</b>	<b>Date</b>