

**Emerald Life Claims Team**  
 Claims Settlement Agencies Limited  
 308-314 London Road, Hadleigh, Benfleet  
 Essex SS7 2DD  
 Tel: 0333 234 3723  
 email: weddingclaims@emeraldlifeclaims.co.uk

Please use the address to the left for ALL correspondence & quote the above Claim Number in ALL subsequent communication. When the Claim Form is received we aim to process it in five working days. *If original documents are being sent, we recommend sending via Recorded Delivery.*

**IMPORTANT NOTES:**

- Please return this form to us promptly.
- Please ensure that you supply all relevant receipts, invoices and documentation to support your claim.
- Please complete all relevant sections in full.
- If you require further space please attach a separate sheet of paper with your claim form.
- Missing information may result in the delay of processing your claim.

**PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS**

**CLAIMANT DETAILS**

<b>Q01.</b> Title:	<b>Q02.</b> First Name(s):	<b>Q03.</b> Surname:
<b>Q04.</b> Date of Birth: / /	<b>Q05.</b> Current age	
<b>Q06.</b> Address (including postcode)		
<b>Q07.</b> Home Tel:	<b>Q08.</b> Mob Tel:	<b>Q09.</b> Work Tel:
<b>Q10.</b> Email:		
<b>Q11.</b> Policy Number:		

**CEREMONY AND RECEPTION DETAILS**

<b>Q12.</b> Wedding Date: / /	<b>Q13.</b> Reception Date: / /
<b>Q14.</b> Wedding venue address:	
<b>Q15.</b> Wedding reception venue address:	

**WHICH SECTION(S) THE POLICY DO YOU WISH TO CLAIM FOR?**

**Q16. Please tick all relevant boxes**

<input type="checkbox"/>	Cancellation & Rearrangement (Section 1)	<input type="checkbox"/>	Cars and Transport (Section 5)
<input type="checkbox"/>	Ceremonial Attire (Section 2)	<input type="checkbox"/>	Photography and Video (Section 6)
<input type="checkbox"/>	Wedding Gifts, Wedding Rings, Flowers, Attendants' Gifts and Wedding Cake, Marquee or Ceremonial Swords (Sections 3, 4, 13 & 14),	<input type="checkbox"/>	Financial Failure of Service Suppliers (Section 7)



**CEREMONIAL ATTIRE (SECTION 2)**

**Q20.** Please provide a full description of the loss (including date and location)

**Q21.** If the loss was a result of theft or criminal damage, was it reported to the police? **YES / NO**

**Q22.** If yes please provide the details of the police station to which the incident was reported

**Q23.** Crime reference number

**Q24.** Please list all the items lost, damaged or stolen

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>

**WEDDING GIFTS, RINGS, FLOWERS, ATTENDANTS' GIFTS, CAKE, MARQUEE OR CEREMONIAL SWORDS (SECTIONS 3, 4, 13 & 14)**

**Q25.** Please provide a full description of the loss (including date and location)

**Q26.** If the loss was a result of theft or criminal damage, was it reported to the police? **YES / NO**

**Q27.** If yes please provide the details of the police station to which the incident was reported

**Q28.** Crime reference number

**Q29. Please list the items claimed for and the cost**

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>				£

**CARS & TRANSPORT (SECTION 5)**

**Q30.** Please provide us with a full description of the events which resulted in your claim including dates

**Q31.** Did you need to arrange alternative transport? **YES / NO**

**Q32.** Please provide us with the details of the alternative transport

**Q33.** Please provide us with the cost of the alternative transport

	£
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**Q34.** Please list details of failed transport providers, amounts paid and any amounts you have recovered.

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	£	£
<b>Total</b>		£	£
Net loss (Total paid minus total recovered)			£
Cost of alternative transport			£
<b>Total Claimed (Net loss plus cost of alternative transport)</b>			£

**PHOTOGRAPHY AND VIDEO (SECTION 6)**

**Q35.** Photographer or Video/DVD service provider details

**Q36.** Description of package ordered

**Q37.** Cost of package ordered    £

**Q38.** Cost of loss    £

**Q39.** Please provide a description of what has happened

**Q40.** Do you intend to re-stage the taking of the photographs/video? **YES / NO**

**Q41.** If yes what is the estimated cost    £

**Q42.** Please list details of failed suppliers, amounts paid and any amounts you have recovered.

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>		<b>£</b>

**FINANCIAL FAILURE OF SERVICE SUPPLIERS (SECTION 7)**

**Q43.** Please provide us with a full explanation of which suppliers failed and dates on which you became aware of the failure

**Q44.** Please list all the suppliers you have paid money to, amounts paid and any amounts you have recovered.

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	£	£
	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>		£

## DATA PROTECTION NOTICE

**Personal Information** – means information that identifies and relates to you or other individuals (i.e. your dependants). By providing **Personal Information** to Claims Settlement Agencies you give us permission for its use as described below. Full details about our use of **Personal Information** can be found in our full Privacy Notice at [www.csal.co.uk/privacy-policy](http://www.csal.co.uk/privacy-policy) or you may request a copy using the contact details above.

When providing **Personal Information** about another individual to us, you confirm that you are authorised to provide it for use as described below.

### Types of Personal Information we may collect and why:

Depending on our relationship with you, **Personal Information** collected may include:

- identification and contact information,
- payment card and bank account,
- credit reference and scoring information,
- sensitive information about health or medical condition,
- and other **Personal Information** provided by you.

### Personal Information may be used for the following purposes:

- Insurance administration, (communications, claims processing and payment)
- Decision-making on provision of insurance cover and payment plan eligibility,
- Assistance and advice on medical and travel matters,
- Management and audit of our business operations,
- Prevention, detection and investigation of crime, (fraud and money laundering)
- Establishment and defence of our legal rights,
- Legal and regulatory compliance, including compliance with laws outside your country of residence,
- Monitoring and recording of telephone calls for quality, training and security purposes.

### Sharing of Personal Information:

**Personal Information** may be shared with our group companies, Brokers and other distribution parties, Insurers and Reinsurers, Credit Reference Agencies, healthcare professionals and other service providers. **Personal Information** may be shared with other third parties (including government authorities) if required by law. **Personal information** (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to detect and prevent fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

### Security and retention of Personal Information:

Appropriate legal and security measures are used to protect **Personal Information**. All third party service providers are also selected carefully and required to use appropriate protective measures. **Personal Information** will be retained for the period necessary to fulfil the purposes described above.

### International transfer:

Due to the nature of our business, **Personal Information** may be transferred to parties located in other countries with different data protection laws than in your country of residence.

### Data requests:

To request access or correct inaccurate **Personal Information**, or to request the deletion or suppression of **Personal Information**, or object to its use, please e-mail: [info@csal.co.uk](mailto:info@csal.co.uk) and mark for the attention of the Data Controller, or write to Data Controller, 308-314 London Road, Hadleigh, Benfleet, Essex SS7 2DD.

## POLICYHOLDER DECLARATION

- I give permission for my Personal Information to be used and shared in the ways described in the Data Protection Notice and I confirm that I will not provide any Personal Information about another person without that person's permission.
- I agree that Claims Settlement Agencies Ltd or its agents and business partners may contact anyone who can give them information relevant to my claim.
- I confirm that the information that I have given is true and if any of the information given by me (or anyone on my behalf) is incorrect, I agree that such inaccuracy may cause me to forfeit my rights under the policy and may invalidate my claim. I also understand that if the claim is found to be fraudulent, it may jeopardise me being able to buy insurance in the future.
- I agree that in the event of a Third Party being liable, on settlement of the claim, I hereby subrogate my rights to the insurers to recover their costs.

I confirm that I have read and fully understand the above declaration.

Policyholder Name	
Signature	
Date	

**PLEASE ENSURE THAT ALL RELEVANT DOCUMENTATION IS THE ORIGINAL AND NOT A PHOTOCOPY**