



### Claim Form

Title \_\_\_\_\_ Initials \_\_\_\_\_ Surname \_\_\_\_\_

House Number/Name \_\_\_\_\_ Road Name \_\_\_\_\_

Town/City \_\_\_\_\_

Country \_\_\_\_\_ Post Code \_\_\_\_\_

Email Address \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Laptop Make and Model \_\_\_\_\_

Laptop Serial Number \_\_\_\_\_

Description of how the damage occurred  
(In your own words)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of incident \_\_\_\_\_

Please complete the details above and return this form within 30 days of the accident occurring with the following information;

- a. Original purchase receipt for the PORT bag
- b. Original Certificate of Insurance
- c. An estimate for the repair of the laptop screen, which must be from an Authorised Repairer who has physically inspected the damage. The estimate must detail the make, model and serial number of Your laptop computer and must be broken down to specify the estimated cost to the Insured Item.

The Authorized Repairer should also provide full details of the damage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated cost of repair \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the above to: PORT Bag Insurance Claims Department, London General Holdings, Eaton House, 152-158 Northolt Road, Harrow, Middlesex. HA2 0EA, England**