

Credit Card Reimbursement Form

Please complete this form in **BLOCK CAPITALS** using black ink, and email to claims@william-russell.com. You will need to complete a new form each time you submit a claim.

Your personal details			
Full name:			
Policy number (if applicable):	Email:		
Mobile number:	Home number:		
Credit card details			
I would like the reimbursement for my claim to be paid to the fo	ollowing credit card:		
Please note we can only make payment to a VISA card or a MAS pounds sterling or Euros.	TERCARD card. Settlement	can be provided in US d	ollars,
Currency in which you would like to be reimbursed:	O US dollars	O Pounds sterling	O Euros
Card number:	Start date:	Expiry date:	
Name as it appears on your card:			
Address to which your card is registered:			
Name of claimant:			
Signature of claimant:		Date	

Contact Details

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