



TRAVEL INSURANCE CLAIM FORM

Please ensure that your Adobe Acrobat is updated. You may face difficulties using Acrobat 9.0 or previous versions.

SECTION 1 DETAILS OF POLICYHOLDER & POLICY NUMBER

Full Name of the Insured:
Email: Policy No.
Telephone No:

SECTION 2 TRAVEL DETAILS

DATES OF TRAVEL Departure: DD MM YY Return: DD MM YY

SECTION 3 LOSS / DAMAGE / DELAY

Describe in detail how loss/damage occurred (Note: please indicate if the property was left unattended and how long it was unattended for. If theft from a vehicle, indicate where the property was located, together with the means of entry & details of any damage thereof).

When/Where/How was the Police Report filed?

Date Reported: DD MM YY Time Reported: -- : -- Report No.

If loss, delay or damage occurred in transit, please state the name of the carriers (i.e. airline, shipping company, etc.).

Reported the Carrier: DD MM YY Was this Reported: In Writing Verbally

Please attach the police and/Property Irregularity report. If you do not have a copy of the reports, please provide reasoning below.

Have you made a claim and received compensation from any other third parties (e.g. airline, hotel) for the loss/damage? yes no

If so, specify compensation amount received: VALUE (AED)

If luggage was delayed, please state the date & time which you received the luggage.

Date: DD MM YY Time Reported: -- : -- Delay Time (hours): -- : --

Total number of luggage which failed to arrive on time:

The checklist below is for guidance only and we may ask for further information in some instances. With all claims, we need originals.

1. Completed Claim Form

2. Passport copy with entry / exit stamp

3. Airline tickets, travel itinerary

4. Other evidence we may ask for

Personal Baggage, Personal Money Claim

- Original purchase receipts for the items claimed
- Police report, property irregularity report as applicable
- Replacement estimates
- Receipts for travelers cheques and currency transaction / cash withdrawal slips etc

Travel Delay Claim

- Written confirmation from the Airline must be provided
- Scheduled time of departure and arrival
- Eventual time of departure and arrival
- Reason for delay

Cancellation Claim

- The Medical Certificate provided within this claim form to be used
- Where relevant, the original death certificate, or a copy certified by a solicitor, should be provided
- The agent's invoices confirming both booking and cancellation
- Where travel is by scheduled flights, please enclose the original flight tickets and/or refund notice from the airline
- For any privately arranged travel/accommodation we will require written confirmation from the provider of the monies paid, the cancellation charges applicable and a copy of the contract terms, if any

Emergency Medical Expenses Claim – Reimbursement claim upto USD 500.00 only

- Original hospital bills, receipts
- Original medical certificate / report
- Original discharge summary

Curtailment Claims

- Confirmation from the treating doctor abroad that it was 'medically necessary' to curtail your journey and return earlier than scheduled.
- Attach receipts for any additional travel expenses. If your early return was as a result of the death, injury or illness of a specified relation, please attach the death certificate or medical evidence to support your claim

SECTION 4 LIABILITY

In the event of injury or damage to a Third Party person or property, please provide full details on a separate sheet.

SECTION 5 ACCIDENT & SICKNESS

Location of Accident: Date: DD MM YY

Provide details and nature of injuries:

Nature of Sickness:

Date of Onset: DD MM YY Have you suffered from this or similar illness/injury in the past? yes no

If yes, please provide full details:

Do you hold medical insurance? yes no

If yes, please provide full details (policy number, insurer name and address)

Did you contact the Emergency Medical Helpline? yes no

Please provide details of Medical Expenses claimed and attach original bills / receipts or other documents, including medical reports and a discharge summary.

Name of Hospital, Doctor, Ambulance, etc.

Type of Expense – Treatment, Accommodation, Travelling:

Date: DD MM YY Amount (Currency): AMOUNT Euro Member Countries

Payed? yes no

DECLARATION

I declare and certify that to the best of my knowledge and belief, the statements above and overleaf are true and correct in every aspect. In the event of a Third Party liable for the loss/damage, all rights in this matter are subrogated to on settlement of the claim. If cover exists under any other policy, I give my authority for a contribution to be sought from these inserts. I understand that some of the information I have provided will be made available to Insurers for underwriting and claims handling purposes. I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the give of such information.

Full Name: Date: DD MM YY

**TALK TO OUR CLAIMS HANDLER
DIRECTLY AT 3029903 04 / 3029835 04**

Signature: _____

CLEAR FORM

SAVE FORM

PRINT FORM
And fax to 3350200 04

EMAIL FORM

Please give a full list of all Emergency Purchases made due to the delay in the schedule below and attach original purchase invoices. If more than 5 items were purchased, please provide attachment with full list of items.

1.	DESCRIPTION	PLACE OF PURCHASE	Date:	DD	MM	YY	
	Price:	ORIGINAL COST (AED)	Amount Claimed:	CLAIMED (AED)	Was receipt provided?	<input type="checkbox"/> yes	<input type="checkbox"/> no

2.	DESCRIPTION	PLACE OF PURCHASE	Date:	DESC	PLAC	YY	
	Price:	ORIGINAL COST (AED)	Amount Claimed:	CLAIMED (AED)	Was receipt provided?	<input type="checkbox"/> yes	<input type="checkbox"/> no

3.	DESCRIPTION	PLACE OF PURCHASE	Date:	DD	MM	YY	
	Price:	ORIGINAL COST (AED)	Amount Claimed:	CLAIMED (AED)	Was receipt provided?	<input type="checkbox"/> yes	<input type="checkbox"/> no

4.	DESCRIPTION	PLACE OF PURCHASE	Date:	DD	MM	YY	
	Price:	ORIGINAL COST (AED)	Amount Claimed:	CLAIMED (AED)	Was receipt provided?	<input type="checkbox"/> yes	<input type="checkbox"/> no

5.	DESCRIPTION	PLACE OF PURCHASE	Date:	DD	MM	YY	
	Price:	ORIGINAL COST (AED)	Amount Claimed:	CLAIMED (AED)	Was receipt provided?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Baggage & Personal Effects - provide description of property damaged/lost/stolen, date of purchase, original cost and amount claimed. Send us repair/replacement estimates. If you are still awaiting estimates, don't delay sending us the form. Please provide the description of articles and if damaged, nature of damage(s) below.

1.	DESCRIPTION OF PROPERTY	Date of Purchase:	DD	MM	YY	ORIGINAL COST (AED)	CLAIMED (AED)
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2.	DESCRIPTION OF PROPERTY	Date of Purchase:	DD	MM	YY	ORIGINAL COST (AED)	CLAIMED (AED)
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3.	DESCRIPTION OF PROPERTY	Date of Purchase:	DD	MM	YY	ORIGINAL COST (AED)	CLAIMED (AED)
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4.	DESCRIPTION OF PROPERTY	Date of Purchase:	DD	MM	YY	ORIGINAL COST (AED)	CLAIMED (AED)
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5.	DESCRIPTION OF PROPERTY	Date of Purchase:	DD	MM	YY	AMOUNT (AED)	CLAIMED (AED)
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CANCELLATION CLAIM Date of Travel Booking: DD MM YY Date of Travel Cancellation: DD MM YY

Number of Persons Cancelling: Has the Agent been notified? yes no

Please give the specific reason for your cancellation (e.g. illness, injury, redundancy, etc.). Also, explain in detail why this prevented you from travelling.

Total Holiday Costs: AMOUNT (AED) Amount of Cancellation Charges: AMOUNT (AED)

CURTAILMENT OF TRAVEL Date of Return Home: DD MM YY

Reason for early return, please give details:

Has any refund been made or are you expecting any refund from the airline, holiday company, etc? yes no