

TRAVEL INSURANCE CLAIM FORM

CLAIM NO

POLICY NUMBER

INSURED

(Mr./Mrs./Ms) _____

ADDRESS _____

Tel No. (Home) _____ Tel No. (Mobile) _____

Email Address _____

CLAIMANT NAME

(Mr./Mrs./Ms) _____

Date of Birth _____ (dd) _____ (mm) _____ (yy) Passport No. _____

Country of Issue _____

Where did the loss occur? _____

Date and Time of Loss _____ (dd) _____ (mm) _____ (yy) at _____ am/pm

Details/Circumstances of the Loss:

TYPE OF LOSS

POLICY SECTION	DESCRIPTION	EXCESS	SELECT ()
A	MEDICAL EXPENSES	\$300.00	
	Repatriation and/or Emergency Evacuation		
	Emergency Family Travel		
	Return of Mortal Remains/Funeral Expenses		
B	CANCELLATION and CURTAILMENT	\$300.00	
C	DELAYED DEPARTURE	\$300.00	
D	PERSONAL ACCIDENT	\$300.00	
E	BAGGAGE and/or PERSONAL EFFECTS	\$300.00	
F	MONEY	\$300.00	
G	PERSONAL LIABILITY		



If the loss was as a result of theft you are required to report it to the nearest police station:

Name of Police Station Reported:

If the loss occurred whilst in Transit, did you notify the relevant Travel Authorities? If yes, please provide details below:

If the claim is for Medical Expenses please provide details below:

Name of Institution:

Name of Doctor:

Date Admitted:

Did you contact the Emergency Services on your Travel Card? YES/NO

Please provide details of your claim below:

Description of Expense	Name of Provider	Cost

If the claim is for Baggage and Personal Effects, please provide details below:

Description of Item	Purchase Date	Year/Make/Model	Current Value	Replacement Cost

If the claim is for Cancellation/Curtailment/Delayed Departure/Money/Other, please provide details below:

Description of Expense	Cost

Please attached copies of all relevant bills and documents

TOTAL AMOUNT BEING CLAIMED

\$ _____

I/We hereby warrant that the information and particulars provided above are true and correct no material information has been withheld. I/We understand that if a claim is found to be fraudulent/exaggerated this will invalidate the entire claim.

Date: _____ Signature: _____