



## TRAVEL CLAIM REPORT FORM

### IMPORTANCE NOTICE

**REMEMBER: Incomplete answers will lead to delayed processing of your claim.**

<b>INSURED</b>	Name _____  Tel. No. _____  Address _____  Passport Number _____
<b>POLICY</b>	Number _____  Period of Insurance; From: _____ To: _____  Destination/country of travel (at time of loss) _____
<b>MEDICAL EXPENSES</b>	Date and place of treatment _____  Ailment & nature of treatment _____  Cost incurred _____  Date and time travel assistance company informed _____  Nature of instruction given by assistance company _____

**DAMAGE/THEFT/  
LOSS**

Date of loss \_\_\_\_\_

Place of Loss \_\_\_\_\_

Circumstances of loss \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which authorities informed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXTRA  
EXPENSES**

Date of loss \_\_\_\_\_

Place of Loss \_\_\_\_\_

Circumstances of loss \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which authorities/travel company informed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I DECLARE that these particulars are true and correct and undertake to forward immediately  
(and answered) any correspondence to this accident.*

Date \_\_\_\_\_ Name \_\_\_\_\_

Signature of Insured \_\_\_\_\_  
(and stamp)

## **IMPORTANT**

- 1. Please provide us with the replacement and/or repair invoices.**
- 2. In cases of theft**
  - **Please report to the police and attach a police abstract report.**
  - **Let us know the steps taken to recover property.**
  - **Let us know if you suspect any persons.**
- 3. In cases of Medical**
  - **Please attach medical report**
  - **Attach receipts**
- 4. In cases of Delayed departure**
  - **Please attach airline confirmation of incident medical report**
  - **Attach receipts for accommodation and other expenses.**