

TRAVEL INSURANCE CLAIM FORM			
The issuance of this form does not constitute an admission of liability on the part of the Company			
DETAILS OF POLICY HOLDER & POLICY NUMBER:			
Policy No:	Name:		
Expiry date:	Nationality:		
Tel:	Email:		
Address			
TRAVEL DETAILS			
Travel Dates	Outward	/	/
		Return:	/
LOSS/DAMAGE/DELAY			
Date: / /	Time:	Place	
Describe in details how loss/damage occurred (NB if property was unattended please explain why & how long for. If theft from a vehicle, indicate where property was located, together with the means of entry & details of any damage thereof):			
Name of the Police Station/any other authority notified:			
Date:	Reporting Time:	Report No:	
Address of Police Station:			
If loss, delay or damage occurred in transit, give the name of the Carrier (i.e airline, shipping co. etc)			
Reporting date:			
Report format: Written/Verbal			
Please attach the Police and/property irregularity report and if not available explain reason:			
Have you made a claim and received compensation from any other third party (eg. Airline, Hotel) for the loss/damage?			
If luggage was delayed please state date & time this was delivered to you			
Date: / /	Time:		
Delay in hours	How Many baggage items failed to arrive on time?		



LIST OF EMERGENCY PURCHASES				
Description	Place of Purchase	Date of Purchase	Purchase Price	Amount Claimed

Please provide a complete list of all emergency purchases made due to the delay in the schedule below and attach original purchase invoices

BAGGAGE & PERSONAL EFFECTS			
Description of articles and if damaged, nature of damage	Date of purchase	Original cost	Amount Claimed

Please provide a description of property damaged, lost and/or stolen with date of purchase, original cost and amount claimed. Also attach repair/replacement estimates

CANCELLATION CLAIM	
Date Travel Booked:	Date Travel Cancelled:
No. of persons cancelling:	Has the Agent been notified? Yes/No
Total Holiday Costs:	Amount of Cancellation charges:
Name of person causing cancellation and his relationship to insured person:	

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

CURTAILMENT OF TRAVEL
Date of Return Home:
Reason for the early return, please give details:
Has any refund been made or are you expecting any refund from the Airline/Holiday Company etc? Yes/No

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

ACCIDENT & SICKNESS	
Place of Accident:	Date: / /
What happened & nature of injuries:	
Nature of sickness:	Date of onset: / /
Have you ever suffered from this or similar illness/injury before? Yes/No	
If yes, please provide all details:	
Do you hold a Private Medical Insurance? Yes/No	
If yes, please supply full details (policy number, insurer name & Address):	
Did you contact Emergency Medical Helpline? Yes/No	



MEDICAL EXPENSES CLAIMED				
Name of Hospital, Doctor, Ambulance etc	Date	Type of Expense - Treatment, Accommodation, Travelling etc	Amount (Currency)	Paid Yes/No

Please provide all details of medical expenses claimed and attach original bills/receipts or other documents including medical report and discharge summary (If these documents are not in Arabic or in English, please attach its English or Arabic certified translation)

MEDICAL CERTIFICATE	
Patient's Name:	Date of Birth: / /
Period of treatment with the GP:	Date referred to hospital/placed on hospital waiting list: / /
Previous relevant history and dates of consultation:	
Was the patient travelling contrary to medical advice? Yes/No	
Was the patient travelling for the purpose of obtaining treatment abroad? Yes/No	
Has the patient received a terminal diagnosis? Yes/No	
Is cancellation necessary on medical grounds and unavoidable? Yes/No	
Date on which you advised that cancellation was necessary:	
If cancellation is due to pregnancy please advise:	
Date of pregnancy confirmed:	Expected confinement date:
Any Other relevant information	
Doctor's Signature and Official Stamp:	

Medical Certificate to be completed by treating doctor and stamped by official authority. Please describe in detail the condition about which you were consulted together with the dates of consultation.

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 interests. I Understand that some of the information I have provided will be made available to Insurers for underwriting and claims handling purpose. I consent to the seeking of information from other insurers to check the answers I have provided, and I authorize the use of such information.		
Full Name:	Signature of Insured:	Date:



CLAIMS CHECKLIST

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 traveler's cheque 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 up to SAR.1,875.00 Only

- Original Hospital Bills, Receipts
- Original Medical Certificate/Report
- Original discharge summary.

Curtailed 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 supply the death certificate or medical evidence to support your claim.

(Important Note: If the claim documents are not in either Arabic or English, please provide us certified translation).

