

TRAVEL - CLAIM FORM

IMPORTANT NOTES:

Insurers, their Agents and the Insurance Associations share information with each other to prevent fraudulent claims & for underwriting purposes. In the event of claim, some or all the information you supply to this form and in the claim form together with other information relating to the claim may be provided to other insurers, their agents and insurance associations. All questions must be answered fully.

PART: (A) POLICY HOLDER:

Name of insured

Policy No:

Address

Business/Occupation

Telephone/Mobile /Fax

Date of Birth

What type of claim are you making?

Baggage

Sickness

Physical Accident

Extra expenses

Accommodation

Other

PART :(B) OCCURRENCE:

Date and Time of Incident/medical treatment:

In which country were the expenses incurred?

Date if travel Abroad?

Purpose of visit? Holiday

Business or occupation

(Enclose copy of booking invoice/ticket)

The facts: Please describe precisely what happened.

Nature of injury/illness:

Name & address of doctor who attended:

Have you sustained similar injury/illness before? YES NO If YES, when?

Name and address of usual doctor:

Were you admitted in hospital? YES NO If YES, from

To

Was the insured still being monitored &/or treated before the trip? YES NO

Enclosed.

- Travel Invoice /Ticket
- Medical report(s)
- Medical bill/Receipts
- Travel policy certificate
- Police report (if accident related)

DECLARATION:

I/We declare that all particulars given are true and complete and claim the sum of Aed. _____ as detailed above as supported by the enclosed documentary evidence.

Signature:

Date