

Signed:

Date:

Place:

FOR PERSONAL ACCIDENT/MEDICAL EXPENSES/HOSPITAL BENEFITS

I) The following documents must be enclosed with your filled in claim form:

- Original certificate of insurance alongwith any copies of airline ticket
- Original bills or receipts for full amount of claim
- Medical certificate/Physician's report (Original)
- Confirmation of dates of hospitalization by hospital (For Hospital Benefits)
- Death certificate (For compensation of death under Personal Accident)
- Disablement certificate (For Personal Accident claim)

These must be submitted at the claimant's expense. Failure may result either in delay in processing your claim or rejection of your claim.

II) To be completed by the claimant/the claimant's legal representative:

01. Name of sick or injured person:

02. Nature of injury/illness:

03. Date of injury/illness:

04. Place of injury/illness:

05. Circumstances of injury:

06. If claim was due to hospitalization, was the service provider contacted: YES/NO.

If no, please give reasons on additional information sheet.

07. Dates of hospitalisation: From: To:

08. Details of claim:

09. Details of any third party involved in accidental injury or death of insured person:

10. Details of private health insurance, if any:

a) Insurer:

b) Address of Insurer:

c) Policy No:

d) Telephone No:

<u>Details of claimed expenses</u>	<u>Amount charged In local currency</u>	<u>Has the bill been paid by you?</u>
01.		YES/NO
02.		YES/NO
03.		YES/NO
04.		YES/NO
05.		YES/NO
06.		YES/NO
07.		YES/NO
08.		YES/NO
TOTAL AMOUNT	_____	

FOR LOSS OF CHECKED IN BAGGAGE & BAGGAGE DELAY ON OUTBOUND FLIGHTS

- Original certificate of insurance (Photocopy accepted only if it is an annual/multi-trip policy)
- Airline Ticket
- Receipt for purchase of lost baggage. If unavailable, give any other document which can prove value.
- Property Irregularity Report with carrier's acknowledgment, their response & any other correspondence.
- If claim is for delayed baggage, please supply P.I.R. and letter from carrier confirming reason for delay and duration of delay.

These must be submitted at the claimant's expense. Failure may result either in delay in processing your claim or rejection of your claim.

II) To be completed by the claimant or the claimant's legal representative.

01. Time, date and place of loss/delay:
02. Full circumstances of loss/delay:

03. Loss/delay occurred in the custody of an airline:
 - a) Date reported to carrier:
 - b) Name and address of carrier:
04. Name and position of any other person in authority to whom the matter was reported:

05. Details of Household Contents or All Risks Policy or any other Policy which may cover this loss including Private Travel Extension (THIS SECTION MUST NOT BE LEFT BLANK)

Insurer:
Address:
Policy No:
Telephone No:

FOR LOSS OF PASSPORT

I) DOCUMENTS REQUIRED:

- Original certificate of insurance (Photocopy accepted only if it is an annual/multi-trip policy)
- Airline Ticket
- Police Report
- Bills and other supporting documents for obtaining emergency travel document whilst abroad.

II) To be completed by the claimant or the claimant's legal personal representative:

01. Time, date and place of loss:
02. Full circumstances of loss:

03. Name and position of any other person in authority to whom the matter was reported:

**ADDITIONAL INFORMATION YOU MAY WISH TO GIVE IN SUPPORT
OF YOUR CLAIM UNDER ANY SECTION OF THE POLICY**

I, the claimant/insured hereby declare that the facts relating to the claim given hereinabove are completely true and am aware that any false or misleading information may lead to my claim being rejected in full.

Signed.....

Date:.....