

SECTION 1 - INSURED PERSON	
Card No / Policy Receipt No	
Surname:	
First Names:	D.O.B. (DD/MM/YY)
Postal Address:	
	Code:
E-mail Address:	
Tel. No. Business:	Tel. No. Residence/Cell:
ID No:	Travel Date:(DD/MM/YY) / / to /
1. Date of Accidental Death/Illness/Injury/Loss/Theft	
2. Place of Accidental Death/Illness/Injury/Loss/Theft	
3. How did you pay for your Air Ticket? CASH CREDIT CARD Please supply a	
Bank:	Card No:

SECTION 2 - DEATH/PERSONAL ACCIDENT
Description of Accident:
The following documentation is required in order to substantiate the claim:
1. Certified copies of the abridged and final death certificate
2. A certified copy of the Post Mortem Report
3. A certified copy of the FULL Inquest Report including all witness statements pertaining thereto
4. The police accident report if death was due to a motor accident
5. The police station and reference number if the death is the subject of a criminal investigation
6. Copies of any newspaper clippings, eye-witness statements or incident reports that may be

SECTION 3 - MEDICAL CLAIMS		
1. Did you consult a Medical Practitioner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name of Practitioner:		
Tel. No: ()		
Were you hospitalised as an inpatient?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Detailed Diagnosis: (Please attach medical report)		
2. Have you ever received treatment for this or a related illness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please supply Medical Practitioner's report stating what treatment received prior to the		
Please supply name and telephone number of your normal Medical Practitioner		
3. Have you notified Travel Assistance of your claim? If YES, when and where?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO, give reasons why not:		

SECTION 4 - BAGGAGE, CASH AND TRAVEL DOCUMENTS		
1. Describe how the Delay/Loss/Theft/Damage occurred:		
2. Carrier/Police to whom the Loss/Theft/Damage reported:		
When and where:		
If NOT reported, give reason why not:		
3. Are you the sole owner of the goods Lost/Stolen/Damaged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. In respect of Baggage that is Lost/Stolen/Damaged by an Air Carrier, have you lodged a claim with the respective Air Carrier?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please state where and at which office:		
Have you received compensation from the Air Carrier?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please state the amount compensated:		
5. Name of Short Term All Risks insurers:		
Policy Number		
Are you claiming from the above named?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please provide Original Purchase Invoices or Replacement
Quotes

SECTION 5 - CANCELLATION, CURTAILMENT OR ALTERATION
1. Nature of claim, please give full details:
2. Amount being claimed: Irrecoverable Deposits and Payments:
Additional Expenses (Full details and supporting documents required):
3. The following relevant documents are required in order to substantiate a claim:
3.1 Medical Certificate stating that the patient was not fit to travel, giving full details
3.2 Death Certificate indicating CAUSE OF DEATH
3.3 Proof of deposits not recoverable

SECTION 6 - TRAVEL DELAY	
1. Nature of delay:	
2. Date and time of delay:	
3. Duration of delay:	
4. In the event of Strike/Derangement of the aircraft or sea vessel:	
Where did the Strike/Derangement take place?	
Duration of Strike/Derangement:	
(Letter from Carrier confirming Strike/Derangement is required)	
5. Did you receive any form of Compensation or Alternative Travel Arrangements from the Carrier?	
Please give details:	

SECTION 7 - PERSONAL LIABILITY	
1. Nature of claim, please give full details:	
2. Please supply copies of all correspondence, summons, notice of intent to take legal action, etc.	

SECTION 8 - ELECTRONIC FUNDS TRANSFER, DECLARATION AND AUTHORITY	
Account Number:	
Account Holder's Name:	
Name of Bank:	
Type of Account:	
Branch Name:	
Branch Code:	

Attach confirmation of banking details (Copy of cancelled cheque or bank statement)

DECLARATION AND AUTHORITY

NAME.....

SIGNATURE AND STAMP.....

DATE:.....

CLAIMS COMPLIANCE CHECKLIST			
1. Specific Requirements			1. Completed Claim Forms
			2. Copy of Airline Tickets
			3. Travel Insurance Certificate
			4. Banking Verification
			(Copy of cancelled Cheque or Bank
2. Medical & Related		Accide	1. Police/Accident Report
			2. Detailed Medical Report
			3. Invoices/Receipts
		Illness	1. Diagnosis
			2. Detailed Medical Report
			3. Medical Report - Local - 12 Month
			4. Invoices/Receipts
3. Cancellation/Curtailment			1. Proof of Payments
			2. Proof of Additional Costs
			3. Cancellation Fees/Penalties
4. Baggage/Travel Delay			1. Authority/Airline Report (PIR)
			2. Compensation/Settlement Advices
			3. Delivery Receipt
			4. Receipts/Invoices for Costs Incurred
5. Baggage Damage/Loss/Theft			1. Police/Authority/Airline Report (PIR)
			2. Settlement Advices from Carrier
			3. Delivery Receipt
			4. Replacement Quotes/Receipts
6. Cash/Documents/Valuables			1. Valuation Certificates - Jewellery
			2. Police/Authority/Airline Report (PIR)
			3. Replacement Quotes/Receipts
			4. Foreign Exchange Receipts