

TRAVEL CARE CLAIM FORM

The issuance of this form not to be taken as an admission of liability. Complete it fully and accurately and return immediately to us

Policy No.		Claim No.	
Insured Name		Address	
E Mail			
Phone -Work	Residence	Mobile	Fax
Date Of Claim	Type Of Claim		
Travel Itinerary- attach ticket copy	No. of travelers	Adults	Children
Details of any other insurance covering the same property/loss			
Circumstances of Loss/Claim			
(Use separate sheet if necessary)			
A. Trip Cancellation/Delayed Start/Delay- attach booking documents and bills.			
Departure Date, Time and Airport			
Arrival Date, Time and Airport			
Cancellation/delay incident details with proof.			
Non recoverable charges /additional amount incurred with supporting invoices.			
Details of amount claimed and refunded by Airline/Others			
B. Trip Curtailment			
Reason for curtailing the trip with proof.			
Details of additional expenses/loss for return/catching up trip supported by invoices.			
C. Medical Emergency/Treatment/Repatriation Expenses - for Medical Emergency Claim Service, to contact M/s. NEURON , Sheikh Zayed Road, Kendah House,14 th Floor,1401, P.O.Box 72071,Dubai. Tel:9714-3823600			
Date of Sickness / Accident		Inpatient / Outpatient	
Details of claim			
Have you previously suffered from, a. The above injury or sickness?		B. Any other injury or sickness?	
If so please give details with dates and particulars of treatment received.			
List out on page-2, expenses incurred- attach payment receipts and Medical Bills/Reports.			
E. Baggage-Loss/Delay			
Describe loss/damage/delay -State place, date and time. Attach Luggage Check in Tags.			
Was the loss reported- Airline/police? Attach the Property Irregularity report/Police report.			
Details of previous losses claimed under this policy or any other policy?			
Details of steps taken to recover the property and amount refunded by Airline/Others.			
Date and Time Baggage received with proof.			
List out on page-2, Items lost/essential items purchased and attach payment receipts/value details.			
F. Loss of Documents		Type of documents Lost.	
		Proof of loss- attach police report	
Details of expenses incurred for replacing lost documents- attach copy of lost documents, replaced documents and expense bills.			



Instructions regarding claims.

1. Describe, the articles actually lost or stolen first and then the articles damaged, in the table below.
2. Submit reports from appropriate authority to confirm the loss/claim.
3. Receipts showing date, price and place of purchase of the articles set out below should accompany this form.
4. The insured must promptly take all possible steps to trace / recover the property lost and in the case of theft to discover and punish the guilty.
5. Submit estimate of repair for damaged items. If the article is not repairable, forward the report confirming this from the repairers. Retain all salvages.

Basis of assessing value, where property is lost stolen or totally destroyed.

The amount claimed should represent a reasonable figure having regard to the replacement costs of an equivalent article at the time of loss less an appropriate deduction for wear and tear and depreciation.

Property and Delayed Baggage.

Describe the property lost, destroyed	Where and when bought	Price paid / Estimated Cost of repair	Amount claimed	Depreciated / Salvaged value

Medical Claims (All items must be supported by reports, bills and receipts)

Doctors Fees	
Medicines	
Hospital Charges	
Repatriation	
Others(give details)	

Other Claims (give details) -attach relevant reports, bills and receipts

(continue on a separate sheet, if necessary)

Total Amount	
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The Declaration: - I / We hereby declare that the above-mentioned particulars are true to the best of my / our knowledge and belief.

Date:

Signature of Insured:.....

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