

Travel Insurance Claim Form

The following documents shall accompany all your claims falling under any benefits under your Travel Insurance Policy.

1. A copy of your passport with departure and return dates/air tickets/boarding pass;
2. A copy of your travel itinerary;
3. Any written confirmation from any relevant sources stating any compensation paid or payable;

Please Select sections that you are claiming for	Documents to be submitted by You
<input type="checkbox"/> Accidental Death	<ul style="list-style-type: none"> - Proof of relationship between deceased and claimant - Certified true copy of death certificate - Copy of police report/road traffic accident report (if applicable) - Certified true copy of coroner's/post-mortem/autopsy report (if applicable)
<input type="checkbox"/> Total & Permanent Disablement	<ul style="list-style-type: none"> - Medical report (to be completed by attending Medical Doctor) - Any other available medical reports - Copies of medical leave certificates - Copy of police report/road traffic accident report (if applicable)
<input type="checkbox"/> Medical Expenses (Inpatient: Requiring admission in a Medical Clinic or Hospital)	<ul style="list-style-type: none"> - Original final medical bills/receipts and Pharmaceutical receipts - Any available medical reports and Medical prescription - Inpatient discharge summary (For Hospitalisation cases only) - Copy of police report/road traffic accident report (if applicable) Note: All medical bills must indicate the breakdown of the expenses incurred and the doctor's medical diagnosis must be clearly stated. We reserve the right to request for additional medical information.
<input type="checkbox"/> Luggage lost or Damaged/Loss of possessions	<ul style="list-style-type: none"> - Copy of police report (in case of theft) at place of loss and/or airline/other transport operator property irregularity report - Original purchase receipts/invoices of items lost - Photographs of damaged items (damaged items must not be abandoned or disposed without our consent) - Original repair receipts/invoices and warranty card
<input type="checkbox"/> Trip/Flight Cancellation and Curtailment	<ul style="list-style-type: none"> - Relevant documents to substantiate the reason for trip being cancelled : <ul style="list-style-type: none"> ✓ Certified true copy of death certificate of deceased if due to death ✓ Medical certificate/report of patient if due to serious sickness/ injury ✓ Documents to substantiate insolvency of travel agency/airline - Documentary proof of relationship between policyholder and deceased/injured/sick person - Original receipts/invoices of advance payments and additional expenses incurred

	<ul style="list-style-type: none"> - Confirmation from the travel agency/airline/other transport operator/hotel and/or any other relevant sources on the cost of non-refundable prepaid travelling expenses
<input type="checkbox"/> Flight/Luggage Delay	<p>For Flight Delay:</p> <ul style="list-style-type: none"> - Written confirmation from airline/other transport operator stating period of delay, reason and any remedial actions taken - Written confirmation from airline/other transport operator stating reason and amount of refund if scheduled departure is cancelled <p>For Luggage Delay:</p> <ul style="list-style-type: none"> - Airline/other transport operator property irregularity report - Acknowledgement slip or confirmation from airline/other transport operator on date and time baggage was returned
<input type="checkbox"/> Personal Liability	<ul style="list-style-type: none"> - All correspondence/documents from third parties for our handling - Copy of police report/road traffic accident report (if applicable) - Any photographs where applicable <p><i>Do not to admit any liability or make any offer, promise or payment without our prior consent.</i></p>
<input type="checkbox"/> Booking Cancellations	<ul style="list-style-type: none"> - Original receipts/invoices of advance payments and additional expenses incurred - Confirmation from the travel agency/airline/other transport operator/hotel and/or any other relevant sources on the cost of non-refundable prepaid Booking expenses
<input type="checkbox"/> Change Fee	<ul style="list-style-type: none"> - Relevant documents to substantiate the reason for date of trip being changed: <ul style="list-style-type: none"> ✓ Certified true copy of death certificate of deceased if due to death ✓ Medical certificate/report of patient if due to serious sickness/ injury ✓ Documents to substantiate any other causes within the scope of the cover - Documentary proof of relationship between policyholder and deceased/injured/sick person - Original receipts/invoices of payments and additional expenses incurred to change original date/s of trip
<input type="checkbox"/> Loss of Travel Documents	<ul style="list-style-type: none"> - Copy of police report (in case of theft) at place of loss and/or airline/other transport operator property irregularity report - Original report from any diplomatic body/Embassy for loss of Passport - Original receipts/invoices of payments for the costs associated with such replacement and the costs incurred in obtaining such documents.

Travel Claim Form

1. Claimant's Details (If Claimant is different from Policyholder)

Name (as in NIC/Passport): Mr/Miss/Mrs	NIC/Passport number:	Occupation:
Date of birth: (dd/mm/yyyy):	Email:	
Contact numbers: Home:	Office:	Mobile No:

2. Incident Details

Date of occurrence (dd/mm/yyyy):	City/Country of Occurrence:
Time of occurrence: am/pm*	
Please describe to us the incident in detail from :	

3. Travel Details (You may skip this section if your itinerary is included)

Duration of Trip (dd/mm/yyyy):	From	To

DEPARTURE			
Place of Departure (including Name of Airport/Port/Station):	Date of Departure: (dd/mm/yyyy):	Flight/Vessel No:	Time of Departure: am/pm*
ARRIVAL			
Place of Arrival (including Name of Airport/Port/Station):	Date of Arrival: (dd/mm/yyyy):	Flight/Vessel No:	Time of Arrival: am/pm*
TRANSIT (To skip if included in your itinerary)			
Place of Departure (including Name of Airport/Port/Station):	Date of Departure: (dd/mm/yyyy):	Flight/Vessel No:	Time of Departure: am/pm*

4. Types of claim

➤ ACCIDENTAL DEATH/TOTAL PERMANENT DISABLEMENT/MEDICAL EXPENSES

Diagnosis/Nature of injury or illness:

Did these injuries result in permanent disability/Death?

Yes No

Date Incurred	Details of Expenses	Amount Claimed (MRU)

You may include a separate list if there is insufficient space provided above.

➤ **TRIP/FLIGHT CANCELLATION & CURTAILMENT**

Date of Cancellation: (dd/mm/yyyy):		Scheduled Date of Departure: (dd/mm/yyyy):	
Total Amount Paid (MRU):	Amount Received (MRU) and Source:		Amount Claimed (MRU):
Reasons for Travel Cancellation/Curtailment:			

➤ **FLIGHT/LUGGAGE DELAY**

SCHEDULED FLIGHT DETAILS	ACTUAL FLIGHT DETAILS
Flight /Vessel Number:	Flight /Vessel Number:
Date & Time of Departure:	Date & Time of Departure:
Place of Departure (including Name of Airport/Port/Station):	Place of Departure (including Name of Airport/Port/Station):
APPLICABLE TO LUGGAGE DELAY ONLY	
Date baggage collected (dd/mm/yyyy):	Time of collection: am/pm*
Place of collection:	

➤ **LUGGAGE LOST OR DAMAGED/LOSS OF POSSESSIONS**

Description of item lost or purchased	Date of Purchase	Place of Purchase	Original Purchase Price (MRU)	Amount Claimed (MRU)

You may include a separate list if there is insufficient space provided above.

➤ **OTHER INSURANCES**

If you are entitled to claim under any other insurance policy, (eg. other travel, personal accident, Personal All Risks, Medical insurances), please provide us the details of those policies:

Insurance Company	Type of Policy	Policy Number	Amount Claimed (MRU)

Have you made any claims against any of the above insurers? Yes No

By submitting this form,

I hereby declare that to the best of my knowledge and belief the statements and particulars contained herein are truthfully made and that I have not withheld any material fact concerning the accident or the injured party.

I understand that Quantum may record telephone calls for security and training purposes, for fraud or crime prevention and to ensure the highest level of service.

I am aware that I may appoint an Independent Loss Assessor to act on my behalf and help with the preparation of my claim, but the cost of such will be at my own expense.

Signature of Insured:

Date: