



sacos

Travel insurance Claim form

POLICY NUMBER

1. INSURED

a) Name of Proposer

b) Address (Home)

c) Address (Business)

d) Telephone (Mobile)

Telephone (Home)

e) Give names of other persons covered under the policy

2. DETAILS OF ACCIDENT OR ILLNESS

a) Date

Time (a.m. or p.m.)

b) City

c) Country

d) Brief details of Accident or Illness

3. PARTICULARS OF INJURIES, ILLNESS OR DEATH

a) State names of all victims and the nature of the above incident

Name	Nature
<input type="text"/>	<input type="text"/>

Name	Nature
<input type="text"/>	<input type="text"/>

Name	Nature
<input type="text"/>	<input type="text"/>

b) When did the illness/injury first occur?

c) Purpose of visit to the doctor and/or Hospital

d) Was the Medical attention necessitated from a previous injury or illness?

If Yes? Give details:

e) Cause of death (If applicable)

f) Name and address of hospital / clinic attended

4. PERSONAL BAGGAGE AND EFFECTS

a) Give full details of items lost or damaged (camera and jewelry items etc. should be supported by receipts of purchase)

b) When and where was loss discovered? (Give full details)

c) To whom and when was it reported?

d) Date reported to the Police and was a statement made? Copy of statement

I/We declare the following particulars to be true and correct and I/We/are fully aware of the terms and conditions of my/our Policy of insurance in connection with the notification and settlement of claims and that concealment and non-disclosure of any information render this claim null and void. I/we undertake to render every assistance in my/our power in dealing with and settling the present matter.

Signature

Date

TRAVEL CLAIM REPORT FORM

IMPORTANT INSTRUCTIONS

1. For claims processing, all necessary documents have to be submitted. The list below is indicative and, depending the nature of the claim additional documents can be required in order to make a final decision.
2. From the moment all the documents are received, the Insurance Company will have 15 working days to give a response to the Insured towards the acceptance or refusal of the claim. If the Claim is accepted and a reimbursement note is issued in favor of the Insured, the Insurance Company is excluded of any liability in regards to the banking delays to make effective the wire transfer to the Insured account.
3. The submission by the Insured of the required documents needed to assess the Reimbursement request does not guarantee the approval of the claim.

IMPORTANT NOTICE: Incomplete reports will lead to delayed processing of your claim

INSURED AND POLICY

NAME:		Passport:
Address:		
Country of Residence:	Telephone Number:	Email:
Policy Number:		Destination Country (at time of loss):
Period of Insurance: From _____ to _____		Subscription date:

TYPE OF REFUND

PLEASE CHECK THE PARTICULAR TYPE OF LOSS:

- | | |
|--|---|
| <input type="checkbox"/> Medical Expenses
<input type="checkbox"/> Emergency Dental Care
<input type="checkbox"/> Flight Delay
<input type="checkbox"/> Luggage Delay | <input type="checkbox"/> Lost Luggage
<input type="checkbox"/> Lost of personal documents
<input type="checkbox"/> Delayed Departure
<input type="checkbox"/> Others. Please specify _____ |
|--|---|

CLAIMS REIMBURSEMENT CHECKLIST - REQUIRED DOCUMENTATION

Compulsory documentation for ALL claims

- Proof of residence in the Country where the policy was issued
- Notification of Claim (this form duly completed)
- Copy of insurance policy
- Detailed Letter explaining the loss
- ORIGINAL official receipt/s of all incurred costs
- Copy of insured's passport showing the FIRST page and the exit/entry dates from country of residence

For DELAYED LUGGAGE

- Property irregularity report (ISSUED BY THE CARRIER / HANDLING SERVICE)
- Incident Report from Client
- Original receipt of Basic Necessity Items bought

For MEDICAL EXPENSES / EMERGENCY DENTAL CARE

- Medical Report with Admitting Medical History ¹⁾
 - Clinical/Laboratory results
 - Detailed Statement of Bank Account (IBAN, SWIFT)
- ¹⁾ Depending the complexity of the medical claim we might require the Insured to provide a second and detailed medical report.

For LOST LUGGAGE

- Property irregularity report (Issued by the Carrier or by the Handling Company)
- Certificate of Lost Luggage issued by the Carrier
- Copy of the Carrier reimbursement / settlement form
- Incident Report from Client

For LOST OF PERSONAL DOCUMENTS

- Statement of Loss (Police report)
- Receipts of document replacement incurred costs

For DELAYED FLIGHT

- Certificate issued by the Carrier
- Incident Report from Client
- Copy of Initial Travel Ticket
- Copy of Replacement Ticket (showing amount paid)

Other Submitted documents:

IF ASSISTANCE IS NEEDED, THE CLIENT MUST CONTACT THE ASSISTANCE PLATFORM THROUGH

24 HOURS EMERGENCY LINES



+ 44 845 217 1379

EMAIL



afrcosiam@mapfre.com
refund@mapfre.com

Claimant Signature:

Date: