

Travel Insurance Claim Form

Important Note - **Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. Failure to complete your form in full will result in the form being returned to you and will hold up the processing of your claim.**

Policy no.: _____ Name of Insured: _____ Phone Contact No.: _____	Claim No.: _____ Address: _____ Email: _____
Date of intended or actual departure from your usual place of residence or employment for the journey from _____ :	Time: _____ AM/PM.
Date of intended or actual arrival at your usual place of residence or employment for the journey from _____ :	Time: _____ AM/PM.
Section 1: Baggage and Money	
Date of Loss/Theft/Damage :	Time: _____ AM/PM.
Place :	
Please state full particulars of how the Loss/Theft/Damage occurrence took place:	
Was the matter notified to the Police/Airline/Hotel? If Yes, attach a copy of the report and any reply.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please provide an explanation :	
What other steps have been taken to recover the property? :	
Do you have any other insurance on the property? (e.g. Homeholders Insurance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details :	
Does the property belong to any other person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Property Damaged or Lost	Where Purchased	Date of Purchase	Original cost (attach receipt)	Replacement Value or Cost of Repairs	For Office Use
Total \$:					

attach a separate sheet if necessary. Please attach valuations and/or original purchase receipts, repair or replacement invoices)

Section 2: Loss of Deposits/Travel Delay/Interruption/Curtailment		
What date was the deposit paid?		
What was the date of cancellation?		
Reason :		
If cancellation was due to illness, accident or death of person other than the claimant, please provide the age and relationship of the person concerned:		
Name:	Age:	Relationship:
For Loss of Deposit Claims only: Declaration by Travel Consultant :		
I declare that the information shown is correct and that I have taken all possible steps to recover the maximum amount refundable. The amounts claimed have not been and cannot be recovered.		
Company Name :		Signature:
Address:		Date:
		Name:
For Loss Deposit Claims: Please attach a detailed outline of your planned itinerary, including dates of departure and return. For Other Claims: Attach all available documents, receipts/invoices, which support the circumstances relating to your claim. You are required to provide medical evidence if your claim is the result of a medical condition. Call Infinity General Insurance Plc. To obtain a medical certificate for completion or obtain a letter from your doctor detailing date of diagnosis, treatment provided etc.		
Section 3: Medical, Personal Accident and Sickness		
Patient's Name:		Date illness or injury first occurred:
Location/Country:		
Describe the nature of illness / injury:		
How did the illness / injury occur? :		
Have you ever suffered from this illness / injury before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state when and provide full details:		

Name	Address	Telephone
Are these expenses recoverable from any other Society/Organization/Insurer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details:		

Itemize the Expenses Incurred:

Name and Address of medical attendant/provider	Nature of illness/injury and treatment	Amount
Total \$		

Attach copies of Medical/Hospital/Accounts, receipts and any other documentation that supports your claim.

For Medical Claims a Medical Certificate will be required. The Declaration must also be signed by the person that the expenses relate to if other than the claimant.

Section 4: Other – Kipnap & Ransom / Hijack & Detention / Alternative Employee / Resumption of Assignment Expenses / Collision or Damage / Personal Liability	
Date of event:	Location/country:
Describe exactly what happened:	

Itemise the Expenses Incurred:

Description	Amount
Total \$:	

Contact Person:	Phone no.:
Position :	Fax no.:

