

## CLAIM FORM

### 1. Personal details

#### a.) Claimant details

Title:	_____ [i]	Telephone number:	_____ [i]
First name:	_____ [i]	Fax number:	_____ [ii]
Surname:	_____ [i]	Cell number:	_____
Postal address:	_____	Physical Address:	_____
Postal Code:	_____	Physical Code:	_____
Email address:	_____ [ii]	Country of residence:	_____ [i]
Date of birth:	_____ [i]	Ticket Reference No:	_____ [iv]
Id / Passport number:	_____ [i][iii]		

#### b.) Dependent children sharing in cover

No.	Name	Date of birth
1.		
2.		
3.		

### 2. Journey details

#### a.) Insurance selection (please complete all applicable columns):

TIC policy	Credit card	Medical aid	Corporate	Other
Policy no.	Credit card no.	Member ship no.	Policy no.	Reference
	Bank	Medical aid name	Company	Description

#### b.) Period of travel and destination you travelled to:

Departed on: \_\_\_\_\_ Returned on : \_\_\_\_\_  
Main destination: \_\_\_\_\_

### 3. Banking details (Please note: Payments into credit cards not allowed)

**Important:** Include bank account verification letter not older than 30 days stamped by bank listed below.

Bank Account No.:	_____	Bank:	_____
Branch Code:	_____	Branch name:	_____
Account type:	_____	Account name:	_____

### 4. Declaration

I/We warrant the truth of the answers to the questions and I/we declare that no information has been withheld that would be deemed material to the claim and that the amount claimed represents my/our loss arising from the stated occurrence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[i] These fields should be completed for successful registration.

[ii] One of these fields should be completed for successful registration.

[iii] **Important:** Include certified copy of passport including pages with the entry and exit stamps from your country of residents.

[iv] **Important:** Include certified copy of public conveyance tickets disclosing passenger details and travel dates (i.e airline ticket, cruise liner, etc.)

**SCHEDULE A – Claim Information**

Date of Incident /

Loss: \_\_\_\_\_

Country where incident

occurred: \_\_\_\_\_

Did you notify the Assistance Company: YES / NO

Assistance Company reference number: \_\_\_\_\_

Which individual is the cause of the claim (herein referred to as subject)?

- Yourself
- Immediate family member
- Your travel companion
- Business associate
- Other

Other details: \_\_\_\_\_

Which immediate family member?

- Parents
- Legal guardian
- Step-parent
- Grandparent
- Grandchild
- In-law (son, daughter or parent)
- Natural or adopted child
- Brother
- Sister
- Step-brother
- Step-sister
- Other

Other details: \_\_\_\_\_

Short description of your claim:

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**Section A – Medical information**

1. Information to include with submission of your claim

- All medical bills
- Medical report from consulting physician
- Schedule C if appropriate (see 2.e. below)

2. Additional information

a.) Emergency medical treatment as a result of (please tick appropriate):  Illness  Disease  Injury

b.) Diagnosis: \_\_\_\_\_

c.) If hospitalised, details of hospital where you were admitted:

Name: \_\_\_\_\_ Date of admission: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

d.) Consulting physician: \_\_\_\_\_ Telephone number: \_\_\_\_\_

e.) Have you been treated for this illness / disease within the last six months before purchasing your insurance: (If you have been treated, please complete Schedule C) YES / NO

f.) If you participated in a sport activity, was the sport of a hazardous nature? YES / NO

If YES, specify hazardous activity: \_\_\_\_\_

g.) If you participated in a sport activity, did you compete on a professional level? YES / NO

If YES, specify professional level: \_\_\_\_\_

h.) Tick appropriate related expenses incurred

- Medical transportation, repatriation and evacuation
- Repatriation of children
- Burial, cremation or return of mortal remains
- Compassionate emergency visit
- Repatriation of travel companion



## Section B – Personal Accident information

### 1. Information to include with submission of your claim

- Death (Death certificate)
- Death (Police / authoritative report)
- Disablement (medical report from consulting physician)
- Certified copy of your identification document.

### 2. Additional information

a.) Tick appropriate:  Death  Total permanent disablement

b.) What caused subjects' death or total permanent disablement (please tick appropriate):

- Bodily injury by accidental, external, violent and visible means
- Exposure to the elements, resulting from a mishap to the conveyance in which you are travelling.
- Disappearance and it is reasonable for us to believe subject may have died due to accidental bodily injury.

c.) Permanent total disablement option selected (please tick appropriate):

- Loss of physical separation at or above the wrist or ankle of one or more limbs
- Total, permanent and irrecoverable loss of hearing in both ears
- Total, permanent and irrecoverable loss of sight in both eyes
- Permanent and total loss of speech
- Other (please specify below)

## Section C – Cancellation, Curtailment, Travel Supplier Insolvency, Extension, Weather Conditions and Denied Visa

### 1. Information to include with submission of your claim

- Unused travel tickets, vouchers
- Termination: Letter from employer
- Police report for Theft or loss of documents; Hijack, strike, riot or civil commotion; Traumatic event
- Correspondence confirming bankruptcy and/or financial default
- Letter from appropriate authority confirming weather condition
- Letter from appropriate authority confirming denied visa
- Unexpected death (death certificate of subject)
- Burglary: Assessment report from all risk insurer

### 2. Additional information

a.) You cancelled or curtailed your journey because of (please tick appropriate):

- Unexpected death of subject
- Theft or loss of travel documents
- Hijack, strike, riot or civil commotion
- Travel Supplier Insolvency
- Weather Condition(s)
- Sudden illness or injury of subject (complete also Section A)
- Traumatic event
- Accidental damage or burglary to your main residence
- Termination of employment by your employer for economic reasons
- Journey Extension
- Denied Visa

## Section D – Delay (conveyance and luggage) and missed connection information

### 1. Information to include with submission of your claim

- Delay (Proof of all expenses incurred)
- Delay (Written report from transport provider)
- Missed connection (copy of tickets or travel itinerary)

### 2. Additional information

Airline: \_\_\_\_\_ Flight number: \_\_\_\_\_

From Date : \_\_\_\_\_ To Date: \_\_\_\_\_

From Time: \_\_\_\_\_ To Time: \_\_\_\_\_

## Section E – Personal liability information

### 1. Information to include with submission of your claim

- Police report / Authoritative report
- Copy of the summons (if applicable)

### 2. Additional information

a.) What caused you to become legally liable (please tick appropriate):

- Accidental death of person  Accidental bodily injury  Illness
- Loss to property  Damage to property

b.) Details of third party

Name / Company: \_\_\_\_\_ Telephone no: \_\_\_\_\_

Contact person: \_\_\_\_\_ Fax number: \_\_\_\_\_



**Section F – Hijack, Hostage or Wrongful detention information**

**1. Information to include with submission of your claim**

- Police report / Authoritative report - Copy of ticket

**2. Additional information**

a.) Tick appropriate:  Public conveyance hijacked  Held hostage  Wrongfully detained

b.) Period: From date: \_\_\_\_\_ To Date: \_\_\_\_\_

c.) With selection of Hijack option: \_\_\_\_\_  
Conveyance: \_\_\_\_\_ Conveyance ticket ref: \_\_\_\_\_

**Section G – Legal expenses information**

**1. Information to include with submission of your claim**

- Police report / Authoritative report

**2. Additional information**

**a.) Details of third party / Attorney**

Name / Company: \_\_\_\_\_ Telephone no: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Section H – Replacement employee or Assignment resumption information**

**1. Detail description (Please also complete appropriate Section A or Section B or Section C):**

\_\_\_\_\_

**Section I – Luggage, cash and documents and trade samples information**

**1. Information to include with submission of your claim**

- Police report / Airline report - Contribution by airline in lieu of your luggage loss.

**2. Additional information**

a.) Tick appropriate cause:  Lost  Stolen  Damage

b.) When Lost, by whom:  Yourself  Third Party  Conveyance

**c.) Indicate items affected:**

Luggage  Clothing  Personal cash  Trade samples  
 Personal effects  Non-refundable accommodation voucher  Reissuing cost of existing travel tickets  Prepaid, non refundable entertainment tickets  
 Credit cards  Traveller' s cheques  Passports  Vouchers

**Section J – Home caretaker service information (please provide itemised billing from service provider)**

1. Details: \_\_\_\_\_

**Section K – Other**

1. Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SCHEDULE B – Break down of items claimed**

**Notes:**

- § Attach all documentation to this schedule.
- § Cross reference the documentation with the relevant number on the schedule
- § (1) Circle appropriate response pertaining to settlement

No.	Description	Supplier	Settlement to (1)	Date Incurred	Currency	Amount
1.			Claimant / Supplier			
2.			Claimant / Supplier			
3.			Claimant / Supplier			
4.			Claimant / Supplier			
5.			Claimant / Supplier			
6.			Claimant / Supplier			
7.			Claimant / Supplier			
8.			Claimant / Supplier			
9.			Claimant / Supplier			
10.			Claimant / Supplier			
11.			Claimant / Supplier			
12.			Claimant / Supplier			
13.			Claimant / Supplier			
14.			Claimant / Supplier			
15.			Claimant / Supplier			
16.			Claimant / Supplier			
17.			Claimant / Supplier			
18.			Claimant / Supplier			
19.			Claimant / Supplier			
20.			Claimant / Supplier			
21.			Claimant / Supplier			

## SCHEDULE C – Medical questionnaire

### **Section A: Authorisation for disclosure of medical information by policy holder**

I hereby authorise all information relating to my medical history to be disclosed to Travel Insurance Consultants and / or their representatives. I understand that the information will be used solely when assessing medical claims and will be treated as confidential.

**Patient' s name:** \_\_\_\_\_

**Illness / Disease:** \_\_\_\_\_

**Departed On:**     /                                     / 20     **Returned On:**     /                                     / 20

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Section B: Medical History**

(To be completed by your treating physician)

Your patient purchased travel insurance for his journey departing and returning on dates indicated. We require a medical history for all travellers that received medical treatment / advice for the illness or disease as indicated during the six months prior to their journey. Please include all relevant information to enable us to assess your patient' s medical and physical condition enable ling us to access his /her claim.

1. State conditions for which your patient has received medical treatment / advice in the past 6 months: (Date, diagnosis, treatment, medication)


2. State conditions for which your patient is currently receiving treatment: (Date, diagnosis, treatment, medication)


3. Travel can be stressful. In your opinion, was your patient's medical and physical condition stable for him or her to have undertaken his / her journey? Yes / No (If No, please provide reason and discuss with your patient)


4. Date of last examination: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

5. How long have you been treating your patient? Years \_\_\_\_\_ Months \_\_\_\_\_

**Your details:**

**Name:** \_\_\_\_\_

**Email :** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Travel Insurance Consultants is an authorised Financial Services Provider (FSP No. 15592)

