

TRAVEL INSURANCE CLAIM FORM

Thank you for notifying us of your claim. Please complete this form and return it to the Claims Department at the address above . We ask that you read the notes on Page to ensure that all documents requested are enclosed to avoid any unnecessary delays. Issuance of this form is not an admission of Liability or a waiver of the terms, conditions and exceptions of the insurance contract. If you find there is insufficient room for your answers, please continue on a separate sheet. Please write clearly and in BLOCK CAPITALS. The Claimant & Insurance Details section must be completed, then please proceed to the appropriate section of the claim form.

PLEASE READ TO ENSURE YOU SUBMIT ALL RELEVANT DOCUMENTATION REQUIRED IN SUPPORT YOUR CLAIM. PLEASE NOTE ONLY ORIGINAL DOCUMENTS WILL BE ACCEPTED.

FOR ALL CLAIMS:

1. Travel insurance certificate or where your insurance is provided through your credit card; please provide the credit card statement showing the purchase of the flights, or your schedule of cover confirming your inclusion in your Company Travel Scheme.
2. Travel Itinerary.
3. Travel tickets, unless returned to the travel agent/Tour Operator for a refund.

CANCELLATION CLAIMS:

1. The Cancellation Invoice stating the charges incurred.
2. Proof of cancellation, e.g.
 - a. Medical Certificate completed by the usual doctor of the person whose condition gave rise to the claim.
 - b. Death Certificate.
 - c. Attendance at Court – the Court Subpoena

CURTAILMENT CLAIMS:

1. Written confirmation from the medical practitioner abroad that it was medical necessary for you to return home early and the reason for this.
2. Additional travel tickets.
3. Receipts for all expenses incurred. Medical Certificate completed by the usual doctor of the person whose condition gives rise to the claim.

MEDICAL EXPENSES:

1. Receipts for all expenses incurred.
2. Treatment reports.
3. If hospitalised, written confirmation from the hospital of the date/time of admission and discharge.

BAGGAGE & PERSONAL EFFECTS / MONEY:

1. An appropriate report, e.g. Police Report / Property Irregularity Report (PIR)/ Hotel or representative's report.
2. Tickets & baggage tags.
3. If claiming for damaged items, an estimate of repair.
4. Evidence of ownership/Value (receipts, credit card statement etc, manual or warrantee etc)
5. For Money claims, currency conversion slips or bank statements showing withdrawal of funds.

TRAVEL DELAY:

1. Written confirmation from the airline stating all of the following:
 - a. Exact reason for the delay.
 - b. Original/scheduled departure time and date.
 - c. Actual departure time and date.

MISSED DEPARTURE:

1. Receipts for the additional expenses incurred.
2. Written confirmation stating the reason for the missed departure from the rail company/airline.

CLAIMANT & INSURANCE DETAILS

Title	Full Name(s)	Date of Birth / Age	Occupation

Address: _____

Postcode: _____ Telephone _____ Email _____



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TRAVEL INSURANCE CLAIM FORM

Certificate number / Policy No./ Company scheme name: _____

Date Insurance Purchased: _____

Holiday Details:

Date Trip Originally Booked: _____

Departure Date: _____ Return Date: _____

Travel Agent: _____ Tour Operator: _____

Country: _____ Hotel/Accommodation/Resort: _____

Purpose of Trip: Business / Pleasure _____

If you Claim is agreed, how would you like to be paid:-

Please tick box to choose method of payment

Cheque: Confirm Payee Name: _____

Transfer: Bank Name: _____

Branch Address: _____

Bank Sort Code: _____ Account No: _____

Account Holder: _____ IBAN No: _____

Your Declaration:

I declare that all information I have provided relating to this claim represents a true and accurate statement of the circumstances and that I have not omitted any details. I understand that falsification of the information provided will result in declination of my claim and possible legal action against me. On settlement, I transfer all rights of subrogation, salvage and recovery to the Insurer.

In respect of claims due to a medical condition, I authorise my Medical Practitioner or other relevant person/body to provide any details requested by CSP and/or Insurers.

Signed: _____ Name: _____ Date: _____

CANCELLATION & CURTAILMENT

Reason for Claim: _____

Date of Injury or Illness: _____

If the claim has been caused by a person not travelling, please state the relationship of that person to you: _____

For Cancellation:

Date Trip Cancelled: _____ Total Cost of Holiday: _____

Amount Refunded: _____ Amount Claimed: _____

For Curtailment:

Date of Actual Return: _____ Was the Assistance Company contacted: YES / NO

If YES, please provide: Date: _____ Reference: _____ Were any additional expenses incurred: YES / NO

Expense Claimed	Date	Currency & Amount	Receipt Submitted

Total Amount Claimed: _____

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If the reason for the claim is medically related, the Medical Certificate MUST be completed by the usual Doctor of the person whose condition gave rise to the claim.

MEDICAL CERTIFICATE

To be completed in block capitals by the general practitioner of the per whose illness/injury gave rise to the claim. Any charge made for the completion is the responsibility of the insured & is not refundable under the insurance policy. Please ensure that when completing the Medical Certificate the Doctor is aware of the date that the insurance was purchased.

1	Name of person to whom this certificate relates	
2	Date of birth	
3	Are you the regular medical attendant? a) If so, for how long? b) If not, in what capacity are you involved?	YES / NO a) b)
4	Please state the exact nature of illness/injury. If the claim relates to an injury please state how this was sustained.	
5	a) Date of onset of illness/injury b) Date first consulted c) Date first diagnosed d) Date of any serious deterioration, if applicable.	a) b) c) d)
6	Does the patient have a past medical history of the same, similar, related or connected condition? If yes, please provide dates and details.	
7	Was the patient being treated or under investigations for the condition which caused the cancellation/curtailment at or prior to the date the insurance was issued?	
8	At the time the trip was booked, please state whether:- a) You were consulted regarding the advisability of undertaking the trip? b) The patient was either on a waiting list for in-patient treatment or was an in-patient. c) The patient had received a terminal prognosis. d) Was the patient travelling contrary to medical advice?	a) YES / NO Date: b) YES / NO Date: c) YES / NO Date: d) YES / NO
9	If the claim is a result of pregnancy, please advise:- a) Date pregnancy confirmed. b) Expected confinement date. c) Exact reason for cancellation.	a) b) c)
10	Please advise the date when it first became apparent the holiday should be cancelled.	
11	Please state the exact date you advised the need to cancel.	
12	Are you prepared to certify that solely due to the condition described above, the claimant is compelled to cancel or curtail their holiday?	

I certify that the information I have supplied in relation to the patient is correct.

Name (Please print): _____ Qualifications: _____
Signature: _____ Date: _____
Address: _____
Postcode: _____ PRACTICE STAMP: _____



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MEDICAL EXPENSES

Date of injury/onset of illness: _____

Please of injury/illness: _____

Details of injury/illness: _____

If injury, please state the circumstances: _____

Have you suffered from the same or similar illness before: YES / NO ; If YES, please ask your usual Doctor to complete the Medical Certificate.

Did you take with you the EHIC? YES / NO Was it presented? YES / NO ; Was the Assistance Company contacted: YES / NO

If YES, please provide: Date: _____ Reference: _____

If hospitalised: Date & time of admission: ____/____/____ : ____ AM/PM

Date & time of discharge: ____/____/____ : ____ AM/PM

Do you hold any private medical insurance e.g. BUPA, PPP? YES / NO

If YES, Policy Number & Insurance company details: _____

Expense Claimed	Date	Currency & Amount	Receipt Submitted

Total Amount Claimed: _____

PERSONAL EFFECTS & MONEY

Date and time of loss/damage: ____/____/____ : ____ AM/PM ; Location: _____

Full details of circumstances: _____

Was the loss/damage reported to the airline? YES / NO Date: _____

Was the loss/theft reported to the police? YES / NO Date: _____

If NO, please state why: _____



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Have you ever made a claim for personal effects or money? YES / NO

If YES, please provide details: _____

Do you hold any home contents insurance? YES / NO

If YES, Policy Number & Insurance company details: _____

DELAYED BAGGAGE

From (airport): _____ To (airport): _____

Airline flight no: _____

Date & time baggage delayed: ____/____/____ : ____ AM/PM

Date & time the airline notified: ____/____/____ : ____ AM/PM

Date & time baggage returned: ____/____/____ : ____ AM/PM

Place baggage returned: _____

Full description of the articles lost or damaged	Stop/store & location where purchased	Date/Year of purchase	Owner's initial	Evidence of ownership provided (YES / No)	Original price paid	Amount claimed	OFFICE USE ONLY
TOTAL							

TRAVEL DELAY

Reason for delay: _____

Scheduled date & time of flight: ____/____/____ : ____ AM/PM

Date & time of flight: ____/____/____ : ____ AM/PM

Number of hours delay: _____



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MISSED DEPARTURE

Reason for missed departure: _____

Point of departure of trip: _____

Point of connection failure: _____

Method of transport: _____

How did you rejoin your holiday? _____

Amount claimed: _____

Give details of other Insurances, if any, covering the current loss : _____

Give details of similar Previous Claims: _____

Office Use

Claim No. _____ Claim Received Date _____

Remarks : _____
