



P.O. Box: 9826, DAR ES SALAAM, TANZANIA

TRAVEL GUARD CLAIM FORM
(To be duly filled in and submitted to us)

Name of Claimant: Mr/Ms.
Home Address in Tanzania:

Occupation:

Tel No: _____

POLICY DETAILS:

Policy No: _____ Date of Issue: _____
Date Trip Commenced: _____ No. of Days of Trip: _____ Scheduled Return Date: _____
PLAN(Strike out the inapplicable one) A (Excl USA & CANADA) B(Incl USA & CANADA)

DATE OF CLAIM: _____ AT COUNTRY: _____

DETAILS OF CLAIMANTS

Sl. No: First Name Surname Date of Birth

CLAIMING FOR:

Personal Accident	Yes/No
Medical Expenses	Yes/No
Hospital Benefits	Yes/No
Loss of Checked-inBaggage	Yes/No
Delay of Checked-in-Baggage	Yes/No
Loss of Passport	Yes/No
Personal Liability	Yes/No
Travel Delay (Air Only)	Yes/No
Hijack	Yes/No
Cancellation & Curtailment	Yes/No

Please complete appropriate section of claim form and read carefully the instructions relating to supporting documents required. I declare that to the best of my knowledge, all particulars contained in this form are true. I also authorize you to obtain my medical records or information necessary to process the claim.

Signed:

Date:

Place:

FOR PERSONAL ACCIDENT/MEDICAL EXPENSES/HOSPITAL BENEFITS

I) The following documents must be enclosed with your filled in claim form:

- Original certificate of insurance alongwith any copies of airline ticket
- Original bills or receipts for full amount of claim
- Medical certificate/Physician's report (Original)
- Confirmation of dates of hospitalization by hospital (For Hospital Benefits)
- Death certificate (For compensation of death under Personal Accident)
- Disablement certificate (For Personal Accident claim)

These must be submitted at the claimant's expense. Failure may result either in delay in processing your claim or rejection of your claim.

II) To be completed by the claimant/the claimant's legal representative:

01. Name of sick or injured person:

02. Nature of injury/illness:

03. Date of injury/illness:

04. Place of injury/illness:

05. Circumstances of injury:

06. If claim was due to hospitalization, was the service provider contacted: YES/NO.

If no, please give reasons on additional information sheet.

07. Dates of hospitalisation: From: To:

08. Details of claim:

09. Details of any third party involved in accidental injury or death of insured person:

10. Details of private health insurance, if any:

a) Insurer:

b) Address of Insurer:

c) Policy No:

d) Telephone No:

<u>Details of claimed expenses</u>	<u>Amount charged In local currency</u>	<u>Has the bill been paid by you?</u>
01.		YES/NO
02.		YES/NO
03.		YES/NO
04.		YES/NO
05.		YES/NO
06.		YES/NO
07.		YES/NO
08.		YES/NO
TOTAL AMOUNT		

FOR LOSS OF CHECKED IN BAGGAGE & BAGGAGE DELAY ON OUTBOUND FLIGHTS

- Original certificate of insurance (Photocopy accepted only if it is an annual/multi-trip policy)
- Airline Ticket
- Receipt for purchase of lost baggage. If unavailable, give any other document which can prove value.
- Property Irregularity Report with carrier's acknowledgment, their response & any other correspondence.
- If claim is for delayed baggage, please supply P.I.R. and letter from carrier confirming reason for delay and duration of delay.

These must be submitted at the claimant's expense. Failure may result either in delay in processing your claim or rejection of your claim.

II) To be completed by the claimant or the claimant's legal representative.

01. Time, date and place of loss/delay:
02. Full circumstances of loss/delay:
03. Loss/delay occurred in the custody of an airline:
 - a) Date reported to carrier:
 - b) Name and address of carrier:
04. Name and position of any other person in authority to whom the matter was reported:
05. Details of Household Contents or All Risks Policy or any other Policy which may cover this loss including Private Travel Extension (THIS SECTION MUST NOT BE LEFT BLANK)

Insurer:
Address:
Policy No:
Telephone No:

FOR LOSS OF PASSPORT

I) DOCUMENTS REQUIRED:

- Original certificate of insurance (Photocopy accepted only if it is an annual/multi-trip policy)
- Airline Ticket
- Police Report
- Bills and other supporting documents for obtaining emergency travel document whilst abroad.

II) To be completed by the claimant or the claimant's legal personal representative:

01. Time, date and place of loss:
02. Full circumstances of loss:
03. Name and position of any other person in authority to whom the matter was reported:

**ADDITIONAL INFORMATION YOU MAY WISH TO GIVE IN SUPPORT
OF YOUR CLAIM UNDER ANY SECTION OF THE POLICY**

I, the claimant/insured hereby declare that the facts relating to the claim given hereinabove are completely true and am aware that any false or misleading information may lead to my claim being rejected in full.

Signed.....

Date:.....