

TRAVEL CLASSIC INSURANCE
CLAIM FORM

Claim No.

Name of Person Claiming : Mr
Mrs
Miss

Occupation : Day Time Tel No.

DETAILS OF CERTIFICATE

Policy No. :

Travel Agent's Ref No. :

Date Policy Issued :

Date Trip Booked :

Trip Commencement Date :

No of Days :

Scheduled Date of Return :

Geographical Limits : Asia Excl Worldwide Excl. Worldwide Incl
Japan USA & CANADA USA & CANADA
Hongkong

NAME AND AGE OF EACH PERSON INCLUDING IN THE CLAIM

Mr/Mrs/Miss	Initials	Surname	Date of Birth		
			Day	Month	Year
1.					
2.					
3.					

POLICY SECTION RELATING TO CLAIM (Tick Boxes)

Medical Expenses	<input type="checkbox"/>	Missed Departure / Connection	<input type="checkbox"/>
Personal Accident	<input type="checkbox"/>	Flight Delay/Cancellation	<input type="checkbox"/>
Loss of Checked-in Baggage	<input type="checkbox"/>	Loss of Passport	<input type="checkbox"/>
Delay in Checked-in Baggage	<input type="checkbox"/>	Loss of Travel Document	<input type="checkbox"/>
Personal Liability	<input type="checkbox"/>	Legal Expenses	<input type="checkbox"/>
Aircraft Hijacking	<input type="checkbox"/>		
Trip Cancellation	<input type="checkbox"/>		

DATE OF CLAIM OCCURRENCE	TRIP DESTINATION
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PLEASE COMPLETE APPROPRIATE SECTION OF CLAIM FORM AND READ CAREFULLY THE INSTRUCTIONS RELATING TO SUPPORTING DOCUMENTS REQUIRED, WHEN COMPLETED PLEASE SIGN DECLARATION:

I declare that to the best of my knowledge all particulars contained in this form are true. I also authorise Ceylinco Insurance Co Ltd, to obtain any Medical records or information necessary to process the claim.

Signed :

Dated :

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

**LOSS / DAMAGED OF CHECKED IN BAGGAGE / PASSPORT / TRAVEL DOCUMENTS
AND DELAY IN CHECKED IN BAGGAGE**

I. DOCUMENTS REQUIRED

- ❖ Original Certificate of Insurance
- ❖ Tour Operators Confirmation of Booking Invoice or copies of Airline Tickets
- ❖ Any available receipts for the Lost/Damaged items. If unavailable supply any other documentation which could assist in giving proof of value, e. g valuations, Sales Literature etc.
- ❖ Originals of all written Reports received from Airline/Carrier/Police etc., If verbal report only was made please specify.
- ❖ If claim for damaged items a repair estimate should be obtained either giving the cost of repairs or confirming that the item is beyond repair. As applicable, salvage should be retained for possible inspection.
- ❖ If loss/damage occurred in the custody of an Airline please supply property irregularity report and copies of your correspondence with the Airline.
- ❖ If claim is for delayed baggage, please supply property irregularity report and letter from Airline/carrier confirming reason for delay and duration of the delay.

THESE DOCUMENTS MUST BE SUPPLIED WITH THE COMPLETED CLAIM FORM AT THE CLAIMANT'S EXPENSE. FAILURE TO DO SO WILL DELAY THE PROCESSING OF YOUR CLAIM AND COULD RESULT IN IT BEING DECLINED.

II. TO BE COMPLETED BY THE CLAIMANT OR THE CLAIMANT'S LEGAL PERSONAL REPRESENTATIVE.

- 1 Time, Date and Place of Loss/Damage/Delay :
2. Full Circumstances of Loss/Damage/Delay :
3. If loss/damage/delay occurred in the custody of a carrier (i.e. Airline, shipping Co. etc)
 - (a) Date reported to Carrier / Airline
 - (b) Name and address of Carrier / Airline
4. Name and Position of any other person in authority to whom the matter was reported
5. Details of Household Contents or All Risks Policy or any other Policy in force which may cover this loss including Private Health Policy Travel Extension. **(THIS SECTION MUST NOT BE LEFT BLANK)**

Name of Insurer :

Address :

Policy No. :

Tel No. :

CHECKED IN BAGGAGE AND PERSONAL EFFECTS CONTAINED THEREIN

6.	Full details of Lost/damaged article incl make/model etc	Description of Extent of Damage if Applicable	Original Cost	Place Bought	Date of Purchase	Amount Claimed
PLEASE USE SEPARATE SHEET IF REQUIRED					TOTAL	

LOSS OF DEPOSITS AND PAYMENTS DUE TO TRIP CANCELLATION

DOCUMENTS REQUIRED:

THE FOLLOWING DOCUMENTS MUST BE ENCLOSED WITH YOUR COMPLETED CLAIM FORM:

- ❖ Original Certificate of Insurance
- ❖ Tour Operators confirmation of Booking Invoice or original Airline Tickets.
- ❖ For Cancellation Claims – Tour Operators cancellation Invoice showing amount levied by Tour operator, Airlines or Shipping Company or Travel Agents cancellation Invoice when Tickets only were purchased.
- ❖ For Claims resulting from Death by Accident – Copy of Death Certificate showing cause of Death.
- ❖ For Claims resulting from Medical Reasons – Medical Certificate, opposite page, completed by your G.P
- ❖ For Curtailment Claims – where due to illness or accident abroad, letter from treating Doctor Abroad confirming Medical necessity to return home early, together with original receipts for additional expenditure.

THESE DOCUMENTS MUST BE SUPPLIED WITH THE COMPLETED CLAIM FORM AT THE CLAIMANT'S EXPENSE. FAILURE TO DO SO WILL DELAY THE PROCESSING OF YOUR CLAIM AND COULD RESULT IN IT BEING DECLINED.

TO BE COMPLETED BY THE CLAIMANT OR THE CLAIMANT'S LEGAL REPRESENTATIVE.

1. Full Name (s) of Insured Person (s) canceling or curtailment travel.

Full Name of Insured Person	Description of Claim	Amount Claimed
1.		
2.		
3.		
4.		
5.		
6.		

2. Date of Booking

3. Normal dates of departure and return as specified on travel agent's invoice or ticket:
4. Name of person because of whom holiday was cancelled, curtailed or rearranged:
5. Name and address of treating Doctor :
6. Date of cancellation of if curtailment date of arrival home :
7. Full details of circumstances resulting in the claim:
8. If health reasons please give :
 - (a) Name of sick/injured person :
 - (b) Relationship to Insured (If not Insured Person)
9. Are any other expenses claimed ? Please give details :

FLIGHT DELAY / CANCELLATION AND MISSED DEPARTURE CONNECTION

1. DOCUMENTS REQUIRED : (TO BE SUPPLIED BY THE CLAIMANT AT THE CLAIMANT'S EXPENSE)

- ❖ Original Certificate of Insurance
- ❖ Tour Operators Confirmation of Booking Invoice and Airline Tickets.
- ❖ Written Confirmation from the Airline of the period of the delay in departure in hours and the specific reason for it.
- ❖ Travel Disruption Claims Only:
Receipts for all expenditure together with full details of planned travel itinerary-

These documents must be supplied with the completed claim form at the Claimant's expense. Failure to do so will delay the processing of your claim and could result in it being declined.

2. TO BE COMPLETED BY THE CLAIMANT OR THE CLAIMANT'S LEGAL PERSONAL REPRESENTATIVE

Full Name (s) of Insured Person (s) :

DATE OF Delay / Cancellation and Missed Departure Connection

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.....

REASON FOR Delay / Cancellation and Missed Departure Connection

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1. Amount Claimed :

2. If claim is for travel delay please advice the period of delay
in departure hours

Booked date and time of departure :

Actual date and time of departure :

3. If claim is due to missed departure connection give full details of
circumstances resulting in the claim .

MEDICAL EXPENSES AND PERSONAL ACCIDENT

1. DOCUMENTS REQUIRED :

The following documents must be enclosed with your completed claim form.

- ❖ Original Certificate of Insurance
- ❖ Tour Operators Confirmation of Booking, Invoice or copies of Airline Tickets.
- ❖ Original Bills or Receipts for full amount of Claim (Photocopies not acceptable)
- ❖ Confirmation by Hospital of Dates of Hospitalisation
- ❖ Death Certificate (For Compensation Claims of Death by Accident)

These documents must be supplied with the completed claim form at the Claimant's expense. Failure to do so will delay the processing of your claim and could result in it being declined.

I. TO BE COMPLETED BY THE CLAIMANT OR THE CLAIMANT'S LEGAL REPRESENTATIVE :

1. Name of Sick or Injured Person :
2. Name of Injury / Illness :.....
3. Date of Injury / Illness :
4. Place of Injury / Illness :
5. Circumstances of Injury / Illness :
6. If claim was due to hospitalization, was the Emergency Assistance Department contacted. Yes/No
If Not, please advise why on additional information sheet.
7. Dates of Hospitalisation : From To :
8. Details of Claim :
9. Details of any third parties involved in accidental injury or death of insured person:
.....
10. Details of Private Health Insurance
 - (a) Name of Insurer :
 - (b) Address of Insurer :
 - (c) Policy Number :
 - (d) Telephone Number :

Details of Claimed Expenses, i.e Providers Name, prescription Charges etc	Amount charged foreign currency	in Amount Charged in Local Currency	IMPORTANT Has Bill Been Paid By You
1)			Yes / No
2)			Yes / No
3)			Yes / No
4)			Yes / No
5)			Yes / No
6]			Yes / No
7]			Yes / No
8]			Yes / No
9]			Yes / No
10]			Yes / No
11]			Yes / No
12]			Yes / No
13]			Yes / No
14]			Yes / No
15]			Yes / No
TOTAL AMOUNT			* Delete where applicable

Whether