



TRAVEL CLAIM FORM

NOTES:

1. For all claims, please complete **SECTION 1**.
2. Depending on the type of claim, please also complete the relevant **PART** under **SECTION 2**.
3. All supporting documents **MUST** be submitted together with the form in order to avoid any unnecessary delays.
4. For all claims relating to **LOSS** or **THEFT**, a Carrier and/or Police Report must be submitted in order for your claim to be processed.
5. Please supply a copy of your **APPLICATION FORM POLICY SCHEDULE**.
6. Please supply a copy of your **AIR TICKET**.

Card/Certificate/Policy No.:

Type of claim. (Tick the appropriate block)

Death

Baggage, Money and documents

Medical

Cancellation and Curtailment

SECTION A : PERSONAL / CORPORATE DETAILS

Surname: _____

First Names: _____ Age: _____

Postal Address: _____ Code: _____

Tel. No. Business: _____ Tel. No. Residence: _____

E-Mail: _____ Mobile Phone: _____

Policy Number: _____

1. Date of illness / injury / loss / theft: _____

2. Place of illness / injury / loss / theft: _____

SECTION B : TECHNICAL DETAILS

Complete the Relevant **PART** under this **SECTION**.

PART 1 - DEATH/PERSONAL ACCIDENT

1. Description of Accident: _____

2. Attach

- (a) Police (or other suitable Authority Report)
- (b) Medical Reports
- (c) Death Certificate (if applicable)
- (d) Inquest and Post Mortem reports.

PART 2 - MEDICAL CLAIMS

2.1 Did you consult a Medical Practitioner? (Tick the appropriate block) YES NO

2.2 If YES, please supply Medical Practitioner's report stating what treatment received prior to the commencement of your journey.

SECTION B : TECHNICAL DETAILS (continued)

2.2.1 Please supply name and telephone number of your normal practitioner.

2.3 Have you notified Travel Guard of your claim? (Tick the appropriate block) YES NO

2.3.1 If YES, when and where _____

2.3.2 If NO, give reasons why not _____

PART 3

3.1 Describe how the Delay/Loss/Theft/Damage occurred. _____

3.2 Carrier/Police to whom Loss/Theft/Damage reported _____

3.2.1 When and where: _____

3.2.2 If NOT reported, give reason why not _____

3.3 Are you the sole owner of the goods Lost/Stolen/Damaged?
(Tick appropriate block) YES NO

3.4 In respect of Baggage that is Lost/Stolen or Damaged by an Air Carrier,
have you lodged a claim with the respective Air Carrier?
(Tick appropriate block) YES NO

Please supply copy of air ticket and baggage tags. If YES

3.4.1 Please state where and at which office: _____

3.4.2 Have you received compensation from the Air Carrier?

(Tick the appropriate block) YES NO

If YES, Please state the amount compensated - KSHS. _____

3.5 Name Short Term All Risks Insurers: _____
Policy No.: _____

3.5.1 Are you claiming from the above named? (Tick the appropriate block) YES NO

NOTES:

1. It is your responsibility to obtain a Passenger/Property Irregularity Report from the relevant Carrier, in order to substantiate your claim.
2. In respect of Money Claims, please supply a copy of the relevant Foreign Exchange Page from your Passport.

If you are claiming under part 2, please complete this schedule in the fullest possible detail and submit supporting Documentation with this Claim Form

N.B. Please attach Police/Carrier Reports and Original Purchase Invoices to this page.

Full Descriptions of Missing Articles	Name And Address of Party from whom Purchased or by whom presented	Date of Purchase or presentation	Replace-ment Value	Deduction for Age, Use and/or Wear and Tear	Sum Claimed for Present Value	Remarks

SECTION B : TECHNICAL DETAILS (continued)

PART 4

A. CANCELLATION, CURTAILMENT OR ALTERATION

- A.1 Nature of claim - please give full details _____
- A.2 Name of ill/Injured/Deceased Person(Patient) _____
- A.3 Relationship to Insured Person: _____
- A.4 Date on which illness/Injury arose: _____
- A.5 Nature of illness/Injury: _____
- A.6 Has the Patient received treatment for a related illness?
(Tick the appropriate block) YES NO

If YES, please supply Medical Practitioner's report stating treatment received prior to the issue of the Certificate

- A.7 Attending Doctor: Name _____ Tel. No. _____
- A.8 In case of Death, Please supply; Date of Death _____ Cause of Death: _____
- A.9 Amount being claimed: Irrecoverable Deposits and Payments:
Additional Expenses (Full details and supporting Documents required): _____

NOTES:

The following relevant documents are required in order to substantiate a claim:

1. Medical Certificate stating that Patient was not fit to travel, giving details
2. Death Certificate indicating **CAUSE OF DEATH** must be furnished
3. Original air tickets or travel documents

B. TRAVEL DELAY

- B.1 Nature of delay _____
- B.2 Date and time of delay _____
- B.3 Duration of delay: _____
- B.4 In the event of Strike/Derangement of the aircraft or sea vessel;
- B.4.1 Where did the Strike/Derangement take place? _____
- B.4.2 Duration of Strike/Derangement: _____
(Letter from Carrier confirming Strike/Derangement is required)
- B.4.3 Did you receive any form of Compensation of Alternative Travel Arrangements from the Carrier?
Please give details:

SECTION C : DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge the contents of the statements i and ii above.

Name: _____

Signature: _____ Date: _____

(If Corporate):

Name: _____ Designation _____

Company Stamp:

