

TRAVEL CLAIM FORM

1. Cardholder details:

Name : _____
Sex : _____
Date of Birth : _____
Address : _____
Contact details : _____
Date of Travel : _____

2. Details of accompanied persons:

NO.	Name of the companion	Age	Relationship to Traveler
1			
2			
3			
4			
5			
6			

3. Journey Details:

Itinerary Period: From: _____ To: _____

Departure Date: Time: _____ Flight No: _____ Airport: _____

Destination Date: Time: _____ Airport: _____

4. Claim Details:

a. Nature of Claims: (Please tick whichever is applicable)

Death Permanent Total Disablement Disablement

Emergency Medical Expenses Baggage Delay

Hospitalisation, if yes Date of Admission: _____ Date of Discharge: _____

Baggage loss (Temporary) Baggage loss (Permanent) Travel Delay

Date of Event :

Description of Event:

b. Amount Claimed : Currency:

5. Other Insurances:

a. Do you have any other travel insurance taken separately or provided by any credit card or any other sources?

If yes, please provide the full details:

b. Have you lodged any claim with other insurers or providers of travel insurance benefits?

If yes, please provide the full details:

6. Authorisation, Declaration and Documentation:

Authorisation: I hereby authorise any physician, hospital, insurer, medical information bureau or other organisation or person to provide any records, data or information holding on my behalf as may be requested by Ace American Insurance Company or their duly authorised representative. I understand that in executing this authorisation, I waive the right for such information to be privileged. A photocopy of authorisation shall be considered as effective and valid as the original.

Declaration: I hereby declare that the information provided hereunder is true & correct and understand that any wrong information provided is likely to render my claim paid/ payable void & recoverable from me.

Documentation: I confirm that the documents ticked below are enclosed herewith. Further I declare that the documents are true copies of the originals, which are available with me for verification.

Date:

Signature: _____

7. Enclosures

a. Documents required in the respect of all claims

- Copy of Statement of the airline ticket and/or ticket issued by a licensed common carrier.
- Copy of Passport and Visa Page.
- Any other documents as may be necessary.

b. Documents required in respect of Accidental Death Claims

- Death Certificate
- Police Report

c. Documents required in respect of Permanent Total/Dismemberment Claims

- Disability Certificate from an authorised medical practitioner to assess disability.
- Police Report
- Medical Report with details of treatment given (If any)

d. Documents required in respect of Emergency Medical Evacuation

- Detailed Medical report issued by the doctor who had treated the insured.
- Invoice / Cash Receipts for medical treatment availed.
- Documents substantiating transportation expenses
- Proof of repatriation expenses if applicable.

e. Documents required in respect of Baggage Loss

- Notice to the Carrier / Airline intimating the subject loss.
- Irregularity Report issued by the Carrier / Airline.
- Documents substantiating amount claimed.
- Details of Baggage lost.

f. Documents required in respect of Baggage Delay

- Notice to the Carrier / Airline intimating the subject Delay.
- Irregularity Report issued by the Carrier / Airline.
- Documents substantiating amount claimed.

g. Documents required in respect of Flight Delay

- Notice to the Carrier / Airline intimating the subject Delay.
- Irregularity Report issued by the Carrier / Airline.
- Documents substantiating amount claimed.
- Compensation received from the carrier/ Airline if any towards flight delay.

h. Documents required in respect of Missed Departure/Cancellation

- Proof of Missed Departure / Cancellation of flight from the Carrier / Airline.
- Irregularity Report issued by the Carrier / Airline.
- Compensation received from the carrier/ Airline if any towards Missed Departure/Cancellation.
- Documents substantiating amount claimed.