

CLAIM FORM
INTERNATIONAL TRAVEL HEALTH INSURANCE

General Information

(To be filled in for all types of claims:

Policy Particulars:

Policy number: _____

Insured's Name: _____

Insured's Contact No. _____

Loss Particulars:

Date of Loss: _____

Type of Loss (Please Tick)

Personal Accident (Death & Disability) Medical Expenses Transport or Repatriation in case of

Illness or Accident Emergency Dental Care Loss of Credit In - Flight Loss of Checked - in

Baggage Delayed Departure Trip Cancellation Travel one Immediate Family Member

Loss of Passport Emergency Return Home following Death of Close Family Repatriation of

Family Member Traveling with the Insured Repatriation of Mortal Remains Escort of Dependent

Children

Please attached the following documents with all types of claims:

1. Air tickets and any other traveling documents
2. Boarding Pass with "Entry & Exit Stamp
3. CNIC Copy
4. Photo Copy of Passport

Delayed Departure (Deductible 8 Hours)

1. Name of Insured Person _____
2. Date of Delayed _____
3. Place of Delayed _____
4. Reason for Delaying

5. Name, Address and Telephone Nos. of Airline.

6. Total Amount Claimed _____

Please attach the following document in original for claim verification and assessment:

1. PNR (Passenger Name & Record) where should has the narration of Flight Delayed
2. Proof of additional expenses (transport and hotel accommodation etc.)
3. Original bills/receipts of emergency items purchased.

❖ Please note that submission of above mentioned documents or any other documents shall not mean entitlement to a claim.