



Travel Insurance Claims Form

Important Note - Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. Failure to complete your form in full will result in the form being returned to you and will hold up the processing of your claim.

Policy no.: _____ Name of Insured: _____ Phone Contact No.: _____	Claim No.: _____ Address: _____ Email: _____
Date of intended or actual departure from your usual place of residence or employment for the journey from _____ :	Time: _____ AM/PM.
Date of intended or actual arrival at your usual place of residence or employment for the journey from _____ :	Time: _____ AM/PM.
Section I: Baggage and Money	
Date of Loss/Theft/Damage :	Time: _____ AM/PM.
Place :	
Please state full particulars of how the Loss/Theft/Damage occurrence took place:	
Was the matter notified to the Police/Airline/Hotel? If Yes, attach a copy of the report and any reply.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please provide an explanation :	
What other steps have been taken to recover the property? :	
Do you have any other insurance on the property? (e.g. Homeholders Insurance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details :	
Does the property belong to any other person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Property Damaged or Lost	Where Purchased	Date of Purchase	Original cost (attach receipt)	Replacement Value or Cost of Repairs	For Office Use
Total \$:					

attach a separate sheet if necessary. Please attach valuations and/or original purchase receipts, repair or replacement invoices)

Section 2: Loss of Deposits/Travel Delay/Interruption/Curtailment		
What date was the deposit paid?		
What was the date of cancellation?		
Reason :		
If cancellation was due to illness, accident or death of person other than the claimant, please provide the age and relationship of the person concerned:		
Name:	Age:	Relationship:
For Loss of Deposit Claims only: Declaration by Travel Consultant :		
I declare that the information shown is correct and that I have taken all possible steps to recover the maximum amount refundable. The amounts claimed have not been and cannot be recovered.		
Company Name :		Signature:
Address:		
		Date:
		Name:
For Loss Deposit Claims: Please attach a detailed outline of your planned itinerary, including dates of departure and return. For Other Claims: Attach all available documents, receipts/invoices, which support the circumstances relating to your claim. You are required to provide medical evidence if your claim is the result of a medical condition. Call Infinity General Insurance Plc. To obtain a medical certificate for completion or obtain a letter from your doctor detailing date of diagnosis, treatment provided etc.		
Section 3: Medical, Personal Accident and Sickness		
Patient's Name:		Date illness or injury first occurred:
Location/Country:		
Describe the nature of illness / injury:		
How did the illness / injury occur? :		
Have you ever suffered from this illness / injury before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state when and provide full details:		

	Address	Telephone
Are these expenses recoverable from any other Society/Organization/Insurer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details:		

Itemize the Expenses Incurred:

Name and Address of medical attendant/provider	Nature of illness/injury and treatment	Amount
Total \$		

Attach copies of Medical/Hospital/Accounts, receipts and any other documentation that supports your claim.

For Medical Claims a Medical Certificate will be required. The Declaration must also be signed by the person that the expenses relate to if other than the claimant.

Section 4: Other – Kipnap & Ransom / Hijack & Detention / Alternative Employee / Resumption of Assignment Expenses / Collision or Damage / Personal Liability	
Date of event:	Location/country:
Describe exactly what happened:	

Itemise the Expenses Incurred:

Description	Amount
Total \$:	

Contact Person:	Phone no.:
Position :	Fax no.:



Insured Declaration

I declare that to the best of my knowledge the particulars are true and correct, and that I have not withheld any information that is relevant to this claim. I will notify Infinity General Insurance Plc. Immediately if any of the loss or stolen property mentioned in this claim is subsequently recovered and surrender the property or refund the amount of money received in compensation to Infinity General Insurance Plc.

I accept that willful or reckless exaggeration or inflation of the amount/s claimed will result in automatic forfeiture of the claim and the policy shall be void.

I request and authorize any hospital, doctor, or other person who has attended or examined me to furnish to Infinity General Insurance Plc. Or its representative all information concerning any illness or injury suffered, medical history, consultants, prescriptions, or treatments including X-ray plates and copies of all hospital or medical records, so that they may be included as a part of the proofs of the claim submitted. A photocopy of this authorization will be considered as effective and valid as the original.

I authorize the disclosure to Infinity General Insurance Plc. Of personal information held by any other person or organization regarding or affecting this claim and authorize Infinity General Insurance Plc. To release to any other relevant person or organization information regarding or affecting this claim.

<p><u>Insured Signature</u></p> <p>Date:</p>	<p><u>Witness Signature:</u></p> <p>Date:</p> <p>Name:</p> <p>Address:</p>
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