

## TRAVEL CLAIM FORM

### FOR OFFICIAL USE ONLY:

Call received: \_\_\_\_\_

### NOTES:

- For all claims, please complete **SECTION 1**.
- Depending on the type of claim, please also complete the relevant **PART** under **SECTION 2**.
- All supporting documents **MUST** be submitted together with the form in order to avoid any unnecessary delays.
- 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.
- Please supply a copy of your **APPLICATION FORM POLICY SCHEDULE**.
- Please supply a copy of your **AIR TICKET**.

Card/Certificate/Policy No.: \_\_\_\_\_

Type of claim. (Tick the appropriate block)

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Death   | <input type="checkbox"/> Baggage, Money and documents |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Cancellation and Curtailment |

## SECTION 1 : INSURED PERSON

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_ Age: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

Tel. No. Business: \_\_\_\_\_ Tel. No. Residence: \_\_\_\_\_

E-Mail: \_\_\_\_\_ MobilePhone: \_\_\_\_\_

- Date of illness / injury / loss / theft: \_\_\_\_\_
- Place of illness / injury / loss / theft: \_\_\_\_\_

## SECTION 2

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

### PART 1 - DEATH/PERSONAL ACCIDENT

- Description of Accident: \_\_\_\_\_
- Attach
  - Police (or other suitable Authority Report)
  - Medical Reports
  - Death Certificate (if applicable)
  - Inquest and Post Mortem reports.

### PART 2 - MEDICAL CLAIMS

- Did you consult a Medical Practitioner? (Tick the appropriate block)  YES  NO
- If YES, please supply Medical Practitioner's report stating what treatment received prior to the commencement of your journey. \_\_\_\_\_  
\_\_\_\_\_



## 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 3 : DECLARATION

I/We declare that the above information is true and correct in every respect and that the signing of this claim form also constitutes written authority for the Chartis Kenya Insurance Company to inspect or investigate any Medical Records or Details relevant to this claim. I/We, further declare that I am/We are aware that any misrepresentation and/or non-disclosure in respect of information provided herein, shall render my/our claim null and void.

Signed \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_\_

