



Better. Simple. Life.

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Dear Sir or Madam:

RE: TRAVEL INSURANCE EXPENSE CLAIM FORM

I am pleased to enclose the claim form you recently requested.

In order to process your claim, we will require all sections of the claim form to be fully completed. Do not forget to sign and date the declaration. You will find important information regarding documentation required in Annexure A of this letter, it is important that you ensure to include all relevant documentation to prevent any delays in the settlement of your claim.

Please note policy excess is usually applicable in respect of each claim and in respect of each person.

Please ensure to read your policy wording carefully to ensure you are claiming for a covered event, and you comply with all the conditions of the wording.

If you have any queries concerning your claim, please feel free to contact this office on 011 359 5325, our lines are open from 7:30 until 16:30, Monday to Friday.

Yours sincerely

Immaculate OCHIENG
Contact Centre – Claims
UAP INSURANCE COMPANY LIMITED.

ANNEXURE A

DOCUMENTATION NEEDED

Delayed baggage, Personal Effects, Money and Lost Travel Documents
1. The insurance Certificate.
2. The booking invoice for your trip to confirm the full cost, deposits paid and date of booking.
3. Evidence of value and ownership in the form of receipts or other similar documentation.
4. In respect of claims for damage, either an estimate for repair/cleaning or a letter from a retailer confirming the item is beyond repair or restoration, and current replacement value of the items.
5. A written report from either the airline/hotel/representative/police or other applicable authority to confirm that you have notified them of the loss.
6. In respect of claims for lost or stolen goods it is a condition of the policy that all losses are reported to the police within 24 hours and a written report obtained and submitted with your claim.
7. In respect of baggage missing and not returned, Airline passenger ticket and baggage recovery tags.
8. In respect of money claims, documentation in support of the amount lost, such as transaction slips or written confirmation of a withdrawal.

Cancellation and Curtailment
1. The insurance certificate.
2. The booking invoice for your trip to confirm the full cost, deposits paid and date of booking.
3. Evidence of any refund from the airline or travel agent.
4. A tour operator/travel agent cancellation invoice (if applicable) or unused tickets confirming the cancellation, the date of notification of cancellation and amount that you have not been refunded which represents your insurance claim.
5. If the claim is being made due to death, we will need to see a certified copy of the death certificate.
6. If the claim is being made due to a traumatic event, we will need to see a police report stating the circumstances.
7. If the claim is being made due to an illness, we need a letter for your general practitioner stating the diagnosis and the reasons why he/she believes you are not fit to travel.

Travel Delay
1. The insurance Certificate.
2. A written report from either the airline, train, ferry, or tour operator confirming the reason for the travel delay and the actual and scheduled departure and arrival times (Please note: Delays due to technical failure are specifically excluded).
3. The original booking invoice to confirm the scheduled dates and times of travel.

TRAVEL INSURANCE EXPENSE CLAIM FORM

(All sections to be completed on behalf of the insured where the insured is under 18 or where power of attorney has been granted)

CLIENT DETAILS			
Surname:		Forename:	
Title:			
Postal Address:			
	Postcode:		
Telephone (W):		Telephone (H):	
Fax Number:		Cell phone number:	
Occupation:		Date of Birth:	
Travel Insurance Certificate Number:		Date of Issue:	
Were you being treated for any medical conditions prior to your trip? YES NO			
If yes, Please attaches a medical report from your treating doctor.			

DETAILS OF OTHER INSURANCE	
Do you have any other travel or private medical insurance that might cover this claim? YES NO	
If YES, please complete the following:-	
Name of Insurer:	
Address of Insurer:	
Telephone Number:	
Policy / Membership Number:	
Please give details including dates and amount received in respect of any travel insurance related claims made in the past 5 years:	

TRAVEL DETAILS		
Destination :	Date Booked:	Date insurance purchased:
Departure Date:	Return Date:	
Did you pay for the airline ticket with a credit card, if so, which card?		
Card Number:		
Did you purchase optional insurance from your bank, if so, date of purchase?		
Travel Agent:	Telephone number:	

BANKING DETAILS

(Please supply your banking details, should your claim be settled)

BANK / INSTITUTION:

BRANCH:

BRANCH CODE:

ACCOUNT NAME:

ACCOUNT NUMBER:

CLAIMANTS DECLARATION	
I/We confirm the facts stated on this form to be true and accurate to the best of my/our knowledge.	
I/We give authority to the insurers or their representatives to contact my/our/the patient's medical practitioners for any additional information required in connection with this claim. I have been informed of my rights regarding medical reports (see Annexure A), and agree that a copy of this consent shall have the validity of the original. I/We understand that the information provided in relation to this claim may be shared with other insurers for the purpose of dealing with this claim and eliminating insurance fraud.	
Signature:	Date:
PLEASE RETURN TO: UAP INSURANCE COMPANY LIMITED: CLAIMS DEPARTMENT – PO BOX 43013 00100 – NAIROBI	