

TRAVEL CLAIM REPORT FORM

IMPORTANT INSTRUCTIONS

- 1. For claims processing, all necessary documents have to be submitted.
- 2. Submission of required documents does not guarantee approval of your claim. The submitted documents will be reviewed and evaluated, subject to the limits, terms and conditions of your existing Travel Policy.

REMEMBER: Incomplete reports will lead to delayed processing of your claim

INSURED AND POLICY			
NAME:	w the first term of the first	Passport:	
Address:			
Country of Residence:	Telephone Number:	Email:	
Delias Number		Destination Country (at time of less).	
Policy Number: Period of Insurance: From to		Destination Country (at time of loss):	
reflod of insurance. Fromto			
TYPE OF REFUND			
PLEASE CHECK THE PARTICULAR TYPE OF LOSS:			
TELTOE GITESK THE TAKINGOD IK THE OT LOSS.			
Medical Expenses		Lost Luggage	
Emergency Dental Care		Lost of personal documents	
Flight Delay		Delayed Departure	
Luggage Delay		Others. Please specify	
CLAIMS REIMBUI	RSEMENT CHECKLIST -	REQUIRED DOCUMENTATION	
Compulsory documentation for ALL claims	For	DELAYED LUGGAGE	

Proof of residence in the Country where the policy was issued		Property irregularity report (ISSUED BY THE CARRIER / HANDLING SERVICE)	
Notification of Claim (this form duly completed)		Incident Report from Client	
Copy of insurance policy		Original receipt of Basic Necessity Items bought	
Detailed Letter explaining the loss			
ORIGINAL official receipt/s of all incurred costs	For	LOST LUGGAGE	
Copy of insured's passport showing the exit/entry dates from			
country of residence			
	H	Property irregularity report (ISSUED BY THE CARRIER / HANDLING SERVICE)	
For MEDICAL EXPENSES / EMERGENCY DENTAL CARE		Certificate of Lost Luggage issued by the Carrier	
		Copy of the Carrier reimbursement / settlement form	
Medical Report with Admitting Medical History		Incident Report from Client	
Clinical/Laboratory results			
Detailed Statement of Bank Account (IBAN, SWIFT)			
	For	DELAYED FLIGHT	
For LOST OF PERSONAL DOCUMENTS			
		Certificate issued by the Carrier	
Statement of Loss (Police report)		Incident Report from Client	
Receipts of document replacement incurred costs	一	Copy of Initial Travel Ticket	
reserve s. declinere reprocerrent mounted costs	H	Copy of Replacement Ticket (showing amount paid)	
Other Submitted documents:			

IF ASSISTANCE IS NEEDED, THE CLIENT MUST CONTACT THE ASSISTANCE PLATFORM THROUGH

24 HOURS EMERGENCY LINES



+ 44 845 217 1379

EMAIL



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