

**Travel Insurance****Claim Form** Confidential*The issue of this claim form is in no way an acceptance of liability.*Policy Type: _____
Policy No. _____

To help us proceed with your claim quickly, please read carefully and answer all the questions below as applicable

 Enclose this Claim Form together with the following original documents:

- Copy of your insurance certificate or if your Credit Card was used the statement showing the trip ticket purchase
- Passport copies showing the exit & entry dates
- Original Invoices of Expenses Incurred
- Other documents mentioned under relevant sections

 Mail your complete claim to: AIG MEA Limited (QFC Branch), P.O.BOX 23043, Doha -Qatar**A Claimant Information**

1. Policy No. : _____

2. Date of Birth : / / (Day/Month/Year)

3. Insured Name: _____ 4. Telephone No. _____

5. Address: _____

6. E-mail: _____

7. Did you call the AIG IS: no yes, when: _____8. Date you left country of residence / / & date of return / / (Day/Month/Year)**B Claim Information****MEDICAL EMERGENCY: ILLNESS OR ACCIDENTAL****Please attach following additional documents**

- Original prescriptions and invoices.
- Medical report and/or information clarifying the diagnosis & the treatment done.

ILLNESS (if necessary use a separate sheet)1. Date at which first symptoms appeared: / / (Day/Month/Year)

2. State nature of illness (exact nature of pathology): _____

3. Have you already been treated (including prescribed medicines) for this condition or any related condition prior to your subscription to the Plan? If yes, please specify: _____

a- When? : / / (Day/Month/Year)

b- What treatment? : _____

c- Name of physician who treated you : _____ d Telephone No. _____

e- Address : _____



ACCIDENT (if necessary uses a separate sheet). PLEASE ATTACH POLICE REPORT WHERE APPLICABLE.

1. Date of accident: / / .(Day/Month/Year)
 2. Place of accident: _____
 3. Nature of injuries: _____

4. What happened? : _____

5. If any Third Party is involved, please specify:

a- Name : _____ b- Address: _____

c- Telephone : _____ d- Fax : _____ Email : _____

Is the Claim regarding:

1. ACCIDENTAL DISMEMBERMENT / DISABLEMENT
 2. ACCIDENTAL DEATH
 3. REPATRIATION OF REMAINS
 4. MEDICAL EVACUATION

Please attach the following additional documents

- Medical report and/or information clarifying Dismemberment / Disability
- Death Certificate and Post Mortem Report, in case of Accidental Death
- Original invoices relating Repatriation
- Police Report where applicable

1. Date of Accident / Death: / / .(Day/Month/Year) 2. Place of accident: _____

3. Cause of Accident / Death: _____

4. Brief Description of Circumstances: _____

Is the Claim for:

1. BAGGAGE DELAY/ LOSS
 2. TRAVEL DELAY
 3. LOSS OF TRAVEL DOCUMENTS

Please attach following documents along with the claim form

- Original invoices of the reasonable emergency expenses incurred due to travel inconvenience
- A dated official letter from the Airlines confirming the flight delay / baggage delay / baggage loss
- Copy of cheque or any compensation paid by the airlines
- Copy of Baggage Tags and PIR for baggage delay/ loss
- In case of flight delay: Copy of your ticket showing original itinerary and copy of boarding pass of actual travel

1. Name of Airlines _____ 2. Date of departure _____

3. Date, time and place of arrival _____

4. Date and time when you received your baggage from Airlines in case of baggage delay _____

Date and time of actual departure in case of flight delay _____

Reason for Loss of Documents _____



5. List of reasonable emergency expenses you incurred due to delay/ loss

6. In case of baggage loss, list of items in the bag and their price. Attach a separate sheet if necessary

Description	Date & Time of Purchase	*Purchase Price

By executing this application, we, the Insurer, thank you for consenting to us processing data relating to you for the purpose of providing insurance products and services, legal, administrative and management purposes and in particular to the processing of any sensitive personal data relating to you.

You, the Insured, consent to the Insurer, where necessary making such information available to third parties including but not limited to any Group Company, those who provide products or services to the Insurer or any Group Company, and regulatory authorities, within and outside the Insured's country of domicile.

Statement and authorization:

In order to process this claim, I authorize my physician, hospital or other medical provider to release to AIG MEA Limited or its representative, any information regarding my medical history, symptoms, treatment, examination result or diagnosis, invoices. A photocopy of this authorization shall be considered as effective and valid for the duration of the claim, but not to exceed one year from the date signed. I declare to the best of my knowledge that the above information is true.

Date and Signature: _____