



TRAVEL INSURANCE CLAIM FORM



Contents

A. NOTES	3
B. INSURED DETAILS	4
D. MEDICAL CLAIMS INFORMATION.....	5
E. SUPPORTING DOCUMENTATION (MEDICAL CLAIMS)	6
F. DECLARATION	6
G. BAGGAGE CLAIMS INFORMATION	7
H. SUPPORTING DOCUMENTATION (BAGGAGE CLAIMS).....	8
I. TRAVEL DELAY INFORMATION	8
J. SUPPORTING DOCUMENTS (DELAY, CANCELLATION, CURTAILMENT)	9
K. OTHER CLAIMS	9
L. DECLARATION	10
M. BANK PAYMENT DETAILS FOR YOUR CLAIMS REIMBURSEMENT	11



A. NOTES

1. Please read this Claim Form fully before answering the questions.
2. No admission of liability or agreement or payment of any amounts to any person/Company/Entity/Corporation without the consent of the Company is a breach of a condition of this policy and will void any possible claim
3. The claim form is to be completed and signed by a partner, director or principal of the insured.
4. All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
5. If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.
6. Please send the completed claim form, as soon as possible, to your insurance advisor or broker.
7. Appointment of legal representatives should not occur without the prior consent of TransPacific Assurance Limited

NOTE: No liability of any sort shall be admitted nor any offer, promise or payment made by the assured to claimants nor legal expenses incurred without the written consent of the company who shall be entitled if it so desires to take over and conduct on the name of the assured the defence of any action, or to prosecute any claim or indemnity or damages or otherwise against any third party.

The assured also undertakes to send to the company as soon as possible, all claims letters, summonses or writs relating to any accident address to the assured or to the assureds or servants by the authorities or parties.



B. INSURED DETAILS

- 1. Name of Insured
- 2. Address
..... Postcode
- 3. Private Tel No..... Business Tel No
- Mobile Tel No..... Fax No.....
- 4. Email

C. DETAILS OF CLAIM

- 1. Date of Incident/...../.....
- 2. Between the hours ofam/pm
- 3. Country of Occurrence
- 4. Type of Claim (tick where appropriate)
Personal Accident Medical Expenses Emergency Medical Evacuation & Repatriation
- 5. Description of Incident / Loss / Illness
.....
.....
.....
.....
- 6. Nature of Injury / Illness / Disease
.....
.....



D. MEDICAL CLAIMS INFORMATION

1. Have you ever suffered this or a similar condition or a recurrence of a previous illness or injury

Yes No

2. If yes, date symptoms first started / treated/...../.....

3. Name of Usual Attending Physician

4. Address of Usual Attending Physician

..... Postcode

Date Incurred	Details of Expenses Incurred	Amount Claimed

5. Will there be any more bills submitted Yes No



E. SUPPORTING DOCUMENTATION (MEDICAL CLAIMS)

Please confirm you have attached the following documents in order to assess your claim, without these documents we are unable to proceed:

1. Travelling itinerary, airlines ticket, boarding pass or copy of passport with stamp which shows the date of departure and return date
2. Original medical receipts/bills
3. Medical Report
4. All other documents which can facilitate the consideration clam

F. DECLARATION

(This portion must be completed by the Insured Person/Claimant

I hereby authorize any hospital physician or other person who has attended or examined me to furnish to the insurer or its representative any and all information on my illness, injury, medical history, consultations, prescriptions or treatment, with copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Insured Name of Insured

Date/...../.....



G. BAGGAGE CLAIMS INFORMATION

1. Type of Claim (tick where appropriate)

Personal Baggage Baggage Delay Loss of Personal Money Loss of Documents/Passport

2. Any compensation received from carrier/other parties responsible for the loss? Yes No

3. If yes, Police Station reported to

4. If no, please state reasons

.....

5. Any compensation received from carrier/other parties responsible for the loss? Yes No

Full Description of item (s) Claimed Including Brand and Model	Name and Address from whom Goods were Purchase	Date of purchase	Original Purchase Price	Amount Claimed

<p><u>For Baggage Delay</u> The destination where this occurred and the date and time you arrived</p>	
<p>The date and time you eventually received your baggage</p>	



H. SUPPORTING DOCUMENTATION (BAGGAGE CLAIMS)

Please confirm you have attached the following documents in order to assess your claim, without these documents we are unable to proceed:

- 1. Travelling itinerary, airlines ticket, boarding pass or copy of passport with stamp which shows the date of departure and return date
- 2. Police Report
- 3. Property Loss/Damage Irregularity Report
- 4. Photographs of damaged items
- 5. Purchase Invoices/ warranty cards
- 6. All other documents

I. TRAVEL DELAY INFORMATION

1. Type of Claim (Tick where appropriate)

Travel Delay Overbooking/Missed Connection Flight Cancellation Curtailment

2. Scheduled Departure Date/...../..... Scheduled Departure Timeam/pm

Flight Number

3. Final Departure Date/...../..... Scheduled Departure Timeam/pm

Flight Number

4. Cause of Delay / Missed Connection

.....
.....

5. Duration of Delayhr/day



6. Reason for Cancellation / Curtailment

.....
.....

7. Total Amount Paid for the Trip Total Amount Refund Received
Cancellation Charges Amount Claimed

J. SUPPORTING DOCUMENTS (DELAY, CANCELLATION, CURTAILMENT)

Please confirm you have attached the following documents in order to assess your claim, without these documents we are unable to proceed:

- 1. Travelling itinerary, airlines ticket, boarding pass or copy of passport with stamp which shows the date of departure and return date.
- 2. Carrier's/airline's written confirmation on the reason and period of disruption/interruption to the trip
- 3. Hotel accommodation confirmation advice/ Travel deposit receipt

All other documents which can facilitate the consideration claim

K. OTHER CLAIMS

In respect of any other claim which does not fall within the sections stated above, please provide details and supporting documents of the claim you are submitting. If the space below is insufficient, please attach another page.

.....
.....
.....
.....
.....
.....



L. DECLARATION

I/We declare that:

The information and answers given above are correct to the best of my/our knowledge and belief.

I/We understand the claim may be refused or reduced if information is withheld.

I/We authorise Trans Pacific Assurance Limited to disclose information contained herein to Trans Pacific Assurance Limited advisors, reinsurers, and other insurers. I/We authorise Trans Pacific Assurance Limited to obtain from any other party information that is, in Trans Pacific Assurance Limited's view relevant to this claim

Signature of Insured

Date/...../.....

M. BANK PAYMENT DETAILS FOR YOUR CLAIMS REIMBURSEMENT

Account Name	
Account Number	
Bank name	
Branch	
BSB number	

Email remittance address	
--------------------------	--

Please ensure this section is completed and submitted with Claim application to ensure efficient payment processing.



Level 3, Credit House
Cuthbertson Street
Port Moresby
National Capital District
121



+675 321 6808



info@transpacific.com.pg



www.transpacific.com.pg



THE INTELLIGENT INSURER