



Travel Insurance Claim Form

PLEASE COMPLETE IN FULL ALL SECTIONS OF THIS CLAIM FORM AS SOON AS POSSIBLE AFTER THE INCIDENT AND SUBMIT TO SACOS ALL THE REQUIRED DOCUMENTS AS PER CHECKLIST.

IMPORTANT INFORMATION

1. All statements must be factual, not influenced or biased in any form
 2. Please provide Sacos with as much information about the incident as you can
- The following documents shall accompany all your claims falling under any benefits under your Travel Insurance Policy.**
3. A copy of your passport with departure and return dates/air tickets/boarding pass
 4. A copy of your travel itinerary
 5. Any written confirming from any relevant sources stating any compensation paid or payable

1. INSURED DETAILS

POLICY NUMBER

Name

Postal Address

Occupation

Telephone (Mobile)

Telephone (Work)

Email Address

THE PERSON SUBMITTING THIS FORM (IF DIFFERENT FROM POLICYHOLDER)

Name

Postal Address

Telephone (Mobile)

Telephone (Work)

Email Address

2. INCIDENT DETAILS

Date of Occurrence (dd/mm/yyyy)

Time of Occurrence (am/pm)

City/Country of Occurrence

Address

Please select sections that you are claiming for:

- Accidental Death
- Total & Permanent Disablement
- Medical Expenses (Inpatient: Requiring admission in a Medical Clinic or Hospital)
- Luggage lost or damage / Loss of possessions
- Trip/Flight Cancellation and Curtailment
- Flight/Luggage delay
- Personal Liability
- Booking Cancellations
- Change Fee
- Loss of Travel Documents

Please provide a full description of the incident

3. TRAVEL DETAILS *(You may skip this section if your itinerary is included)*

Duration of Trip

From (dd/mm/yyyy)

To (dd/mm/yyyy)

DEPARTURE

Place of Departure (Including Name of Airport/Port/Station)

Date of Departure (dd/mm/yyyy)

Flight/Vessel No

Time of Departure (am/pm)

ARRIVAL

Place of Arrival (Including Name of Airport/Port/Station)

Date of Arrival (dd/mm/yyyy)

Flight/Vessel No

Time of Arrival (am/pm)

TRANSIT *(To skip if included in your itinerary)*

Place of Departure (Including Name of Airport/Port/Station)

Date of Departure (dd/mm/yyyy)

Flight/Vessel No

Time of Departure (am/pm)

4. TYPES OF CLAIM

a. ACCIDENTAL DEATH/TOTAL PERMANENT DISABLEMENT/MEDICAL EXPENSES

Diagnosis / Nature of Injury or illness

Did these injuries result in Permanent Disability/Death? Yes No

If Yes, please specify

Date Incurred	Details of Expenses	Amount Claimed

You may include a separate list if there is insufficient space provided above.

b. TRIP/FLIGHT CANCELLATION & CURTAILMENT

Date of Cancellation (dd/mm/yyyy)

Scheduled Date of Departure (dd/mm/yyyy)

Total Amount Paid

Amount Received and Source

Amount Claimed

Reasons for Travel Cancellation/Curtailment

c. FLIGHT/LUGGAGE DELAY

SCHEDULED FLIGHT DETAILS

Flight /Vessel Number

Date & Time of Departure

Place of Departure (Including Name of Airport/Port/Station)

ACTUAL FLIGHT DETAILS

Flight /Vessel Number

Date & Time of Departure

Place of Departure (Including Name of Airport/Port/Station)

APPLICABLE TO LUGGAGE DELAY ONLY

Date Baggage Collected (dd/mm/yyyy)

Time of Collection (am/pm)

Place of Collection

d. LUGGAGE LOST OR DAMAGED/LOSS OF POSSESSIONS

Description of Items Lost or Damaged	Date of Purchase	Place of Purchase	Original Purchase Price	Amount Claimed

You may include a separate list if there is insufficient space provided above.

e. OTHER INSURANCES

If you are entitled to claim under any other insurance policy, (e.g. other Travel, Personal Accident, Personal All Risks, Medical Insurances), please provide us the details of those policies

Insurance Company	Type of Policy	Policy Number	Amount Claimed

Have you made any claims against any of the above insurers? Yes No

If selected Yes, please provide us with the details.

I hereby declare that to the best of my knowledge and belief the statement and particulars contained herein are truthfully made and that I have not withheld any material fact concerning the incident.

Signature of Insured or his/her broker or legal representative

Date and Time

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT (To be submitted to the Sacos office)

- A copy of your passport with departure and return dates/ air tickets/boarding pass
- A copy of your travel itinerary
- Any written confirmation from any relevant sources stating any compensation paid or payable

Please select sections that you are claiming for	Documents to be submitted by you
<input type="checkbox"/> Accidental Death	<input type="checkbox"/> Proof of relationship between deceased and claimant <input type="checkbox"/> Certified true copy of death certificate <input type="checkbox"/> Copy of police report/road traffic accident report (If applicable) <input type="checkbox"/> Certified true copy of coroner's//post-mortem/autopsy report (If applicable)
<input type="checkbox"/> Total & Permanent Disablement	<input type="checkbox"/> Medical report (To be completed by attending Medical Doctor) <input type="checkbox"/> Any other available medical reports <input type="checkbox"/> Copies of medical leave certificates <input type="checkbox"/> Copy of police report/road traffic accident report (If applicable)
<input type="checkbox"/> Medical Expenses (Inpatient: Requiring admission in a Medical Clinic or Hospital)	<input type="checkbox"/> Original final medical bills/receipts and Pharmaceutical receipts <input type="checkbox"/> Any available medical reports and medical prescription <input type="checkbox"/> Inpatient discharge summary (For Hospitalisation cases only) <input type="checkbox"/> Copy of police report/road traffic accident report (If applicable). Note: All medical bills must indicate the breakdown or the expenses incurred and the doctors' medical diagnosis must be clearly stated. We reserve the right to request for additional medical information.
<input type="checkbox"/> Luggage Lost or Damaged / Loss of Possessions	<input type="checkbox"/> Copy of police report (In case of theft) at place of loss and/or airline/ other transport operator property irregularity report <input type="checkbox"/> Original purchase receipts/invoices of items lost <input type="checkbox"/> Photographs of damaged items (damaged items must not be abandoned or disposed without our consent) <input type="checkbox"/> Original repair receipts/invoices and warranty card
<input type="checkbox"/> Trip/Flight Cancellation and Curtailment	Relevant documents to substantiate the reason for trip being cancelled: <input type="checkbox"/> Certified true copy of death certificate of deceased if due to death <input type="checkbox"/> Medical certificate/report of patient if due to serious sickness/injury <input type="checkbox"/> Documents to substantiate insolvency of travel agency/airline <input type="checkbox"/> Documentary proof of relationship between policyholder and deceased/injured/sick person <input type="checkbox"/> Original receipts/invoices of advance payments and additional expenses incurred <input type="checkbox"/> Confirmation from the travel agency/airline/other transport operator/hotel and/or any other relevant sources on the cost of non-refundable prepaid travelling expenses
<input type="checkbox"/> Flight/Luggage Delay	For Flight Delay: <input type="checkbox"/> Written confirmation from airline/other transport operator stating period of delay, reason and any remedial actions taken <input type="checkbox"/> Written confirmation from airline/other transport operator stating reason and amount of refund if schedule departure is cancelled For Luggage Delay: <input type="checkbox"/> Airline/other transport operator property irregularity report <input type="checkbox"/> Acknowledgement slip or confirmation from airline/other transport operator on date and time baggage was returned
<input type="checkbox"/> Personal Liability	<input type="checkbox"/> All correspondence/documents from third parties for our handling <input type="checkbox"/> Copy of police report/road traffic accident report (If applicable) <input type="checkbox"/> Any photographs where applicable Do not to admit any liability or make any offer, promise or payment without our prior consent
<input type="checkbox"/> Booking Cancellations	<input type="checkbox"/> Original receipts/invoices of advance payments and additional expenses incurred <input type="checkbox"/> Confirmation from the travel agency/airline/other transport operator/hotel and/or any other relevant sources on the cost of non-refundable prepaid Booking expenses
<input type="checkbox"/> Change Fee	Relevant documents to substantiate the reason for date of trip being changed: <input type="checkbox"/> Certified true copy of death certificate of deceased if due to death <input type="checkbox"/> Medical certificate/report of patient if due to serious sickness/injury <input type="checkbox"/> Documents to substantiate any other causes within the scope of the cover <input type="checkbox"/> Documentary proof of relationship between policyholder and deceased/injured/sick person <input type="checkbox"/> Original receipts/invoices of payments and additional expenses incurred to change original date/s of trip
<input type="checkbox"/> Loss of Travel Documents	<input type="checkbox"/> Copy of police report (in case of theft) at place of loss and/or airline/other transport operator property irregularity report <input type="checkbox"/> Original report from any diplomatic body/Embassy for loss of passport <input type="checkbox"/> Original receipts/invoices of payments for the costs with such replacement and the costs incurred in obtaining such documents