Tawuniya التعاونية

Travel Insurance Claim Form

Travel Details

Destination:_____

Purpose of the journey: _____

Date Journey Booked:_____ Return Date: _____ Departure Date: _____

Claimant Details

Policyholder:_____ Policy No. _____

Affected Person:_____ Sex: ☐Male ☐Female Date of Birth: _____

Occupation: _____

E-mail:_____ Mobile No. _____

Claim Details

Please tick the box(es) which relate to your claim:

☐Medical Expenses ☐Personal Accident

☐ Personal Property/Money or Delayed Baggage ☐Personal Public Liability

☐Curtailment ☐Cancelation ☐Missed Departure

Extra Details about the claim:

_____

_____

_____

Is this loss covered by any other insurance? No ☐ Yes ☐

If YES, please give details: _____

Claim Details

Date	Description	To whom Payable/paid?	Currency Amount	Rate of Exchange	Bill paid ? Yes/ No	Company use only
					Yes ☐ No ☐	
					Yes ☐ No ☐	

Beneficiary Bank Account Information

I certify that upon receiving the amount of compensation due to me in accordance with the attached estimates and according to the terms and conditions of the document by transferring the amount to my bank account shown below at a bank _____, I completely and completely clear the insurance company from all responsibilities that may arise from this claim now or in the future. I also certify that all claims relating to this incident have been compensated.

IBAN No. for the beneficiary | | | | | | | | | | | | | | | | | | | | | | | | |

(Any mistake in writing IBAN No. will be claimant's responsibility)

Declaration

Tawuniya & its agents share information to prevent fraud & for underwriting purposes. This document, information supplied when taking out the Policy & relevant facts form the basis of your claim & may be shared or used for audit purposes. I/We understand that Tawuniya may seek information from other organizations to check that the information provided is truthful. I/We declare that to the best of my/our knowledge & belief that all the information I/we have given is correct. In the event of a third party being liable for the loss/damage all rights in this matter are subrogated to Tawuniya on settlement of the claim.

Signature of Claimant: _____ Date: _____