

TPL DIRECT INSURANCE LTD. (Travel Claim Form)

172-B, 2nd Floor, Najeeb Centre,
Block 2, P.E.C.H.S.,
Karachi.



Name of Claimant / Insured: _____

Policy No. _____

Claim No. _____

1. ACCIDENTAL DEATH & PERMANENT DISABILITY	
When was the illness diagnosed?	
The name, address and telephone number of the medical center to which the insured visited/admitted/diagnosed with the illness?	
The name, address and telephone number of the medical practitioner who attended the insured?	
DOUCMENTS REQUIRED: <ul style="list-style-type: none">• Original diagnosis sheet of the Doctor• Original prescription if any medication was given.• Original bills of all expenses incurred.• Copy of Passport (First pages & Visa Section)• Copy of CNIC.• Original airline ticket.• Death Certificate.• Physician's statement on cause of death, where applicable• Original bills/receipts of expenses incurred.	

2. MEDICAL EXPENSES & HOSPITALIZATION ABROAD	
Date and place of Injury /illness	
Cause of Injury / illness	
Have you suffered from similar condition before? (Yes / No)	
If yes, kindly state date of consultation:	
When was the illness diagnosed?	
Total amount you are claiming for this claim	
The name, address and telephone numbers of the medical center to which the insured visited/admitted/diagnosed with the illness?	
The name, address and telephone numbers of the medical practitioner who attended the insured?	
A brief written and signed description of the problem encountered	
<p>DOCUMENTS REQUIRED:</p> <ul style="list-style-type: none"> • Original diagnosis sheet of the doctor. • Original prescription if any medication was given. • Original bills of all expenses incurred. • Copy of passport (Frist pages & VISA Section). • Original airline ticket. • Death Certificate, where applicable • Original bills/receipts of expenses incurred. 	

3. LOSS OF PASSPORT	
Lost Passport number	
Issuing Country of the Passport	
Country from where the Passport Lost	
Date & Time of Loss of Passport	
Has the Passport been misplaced or stolen?	
<p>DOCUMENTS REQUIRED:</p> <ul style="list-style-type: none"> • Police Report • Statement Narrating Circumstances of Loss. 	
4. TRIP CANCELLATION OR CURTAILMENT	
<p>REASON OF TRIP CANCELLATION OR CURTAILMENT (Tick the relevant option)</p> <ul style="list-style-type: none"> ▪ Death, Bodily Injury or illness of: <ol style="list-style-type: none"> 1) Your good self 2) Any person with whom you are traveling or have arranged to travel. 3) Any person with whom you have arranged to reside temporarily. 4) Any close relative. ▪ Accidental damage to your home rendering it uninhabitable. ▪ Theft at your home during your Trip or the preceding 7 days. ▪ Hijack of the Insured Person or of any person with whom the Insured person intends to travel or is traveling. 	
Booking advise showing breakdown of all trip costs	
<p>DOCUMENTS REQUIRED:</p> <ul style="list-style-type: none"> • Medical certificate from a medical practitioner. • Prior approval of our nominated Assistance Company to confirm necessity to return home due to medical reasons. 	

5. DELAYED DEPARTURE	
For how long the departure is delayed	
Was it a direct flight or connecting flight?	
Airline declaration of delay departure	
DOCUMENTS REQUIRED <ul style="list-style-type: none"> • Airline declaration for delay departure. • Original bills/receipts of emergency items purchased. 	

6. LOSS OF CHECKED-IN BAGGAGE	
DOCUMENTS REQUIRED: <ul style="list-style-type: none"> • Proof of Ownership of all Luggage & Personal effects. • Loss report from Police or Relevant Authority • Proof of Compensation from Airline. • Airline Tickets/Baggage tags. • Airline Property Irregularity Report (PIR) • Receipts for essential items purchased. • Receipts for replacement items 	

Note: Copy of CNIC, Passport and Ticket are mandatory and required in all cases

I/We, _____, now residing _____ do hereby declare that the above is full, true and accurate statement being mine, without any design or procurement on my/our part, by the aforesaid Loss, according to the extent and values annexed: whereof I/We claim M/s. TPL Direct Insurance Ltd., the sum of Rs. _____ the amount thereof.

I/We solemnly declare that I/We have no manner nor by any fraud nor willful misrepresentation nor non-disclosure sought unjustly to benefit by the said illness and that this solemn declaration made by me/us conscientiously believing the same to be true.

Taken & declared at _____ day of _____ in the Year 20_____

Signature of Claimant