



ace insurance

Insurance Company of North America

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American Express TRAVEL CLAIM FORM

The acceptance of this Form is NOT an admission of liability on the part of the Company.

POLICY INFORMATION

Name of Policyholder: AMERICAN EXPRESS / BANCO DE ORO Policy Number:	Card Type:	<input type="checkbox"/> American Express Corporate Card <input type="checkbox"/> American Express Gold Corporate Card <input type="checkbox"/> Cathay Pacific American Express Elite Credit Card <input type="checkbox"/> Cathay Pacific American Express Credit Card	Plan Type:
	<input type="checkbox"/> American Express Platinum Credit Card <input type="checkbox"/> American Express Card <input type="checkbox"/> American Express Gold Card <input type="checkbox"/> The Platinum Card (International Dollar Card)		<input type="checkbox"/> Peso <input type="checkbox"/> Dollar <input type="checkbox"/> Individual <input type="checkbox"/> Family

PARTICULARS OF INSURED PERSON / CLAIMANT

Name of Claimant:	Tel. No. (Office):	Tel. No. (Residence):
Credit Card Number:	E-mail Address:	Mobile No.:
Name of Family Member/s, if Family Plan:	Address:	

PARTICULARS OF LOSS / OCCURRENCE

Explain exactly how the loss occurred:	Place of loss or occurrence:	
	Date of loss:	Time of loss:

CLAIMS HISTORY

Have you or any insured person previously made a claim under a travel policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify below:	
DATE & CIRCUMSTANCES OF SIMILAR CONDITION & RECURRENCE	NAME OF INSURANCE COMPANY(S) INVOLVED
	(Please use supplementary sheet if necessary)

ACCIDENTAL DEATH / DISABILITY AND DISMEMBERMENT

(Please use the Accident and Sickness Proof of Loss Claim Form)

MEDICAL EXPENSE COVERAGE / MEDICAL EVACUATION & REPATRIATION / HOSPITAL CONFINEMENT

(Please use the Accident and Sickness Proof of Loss Claim Form)

TRAVEL DELAY / MISSED CONNECTING FLIGHT / BAGGAGE DELAY

(Please attach letter from Carrier/Airlines and Boarding Pass)

ORIGINAL FLIGHT DETAILS	DELAYED / MISSED FLIGHT DETAILS	RETRIEVAL OF DELAYED BAGGAGE
Date:	Date:	Date:
Time:	Time:	Time:
Place of Departure:	Place of Departure:	Place of retrieval:
Flight No.:	Flight No.:	
Name of Airline:	Name of Airline:	
EXPENSES INCURRED BY YOU:	AMOUNT RECOVERED FROM OTHER SOURCES:	AMOUNT CLAIMED:

LOSS OR DAMAGE OF BAGGAGE AND PERSONAL EFFECTS (Please furnish relevant Report from relevant authorities or Carrier/Airlines AND original purchase receipts)				
Give details of amount claimed				
DESCRIPTION OF ITEM	WHEN AND WHERE PURCHASED	ORIGINAL PURCHASE PRICE	AMOUNT RECOVERED FROM OTHER SOURCES	AMOUNT CLAIMED
				(Please use supplementary sheet if necessary)
PERSONAL MONEY / TRAVEL DOCUMENTS (Please furnish relevant Report from relevant authorities or Carrier/Airlines)				
AMOUNT LOST	AMOUNT RECOVERED FROM OTHER SOURCES		AMOUNT CLAIMED (AMOUNT LOST LESS AMOUNT RECOVERED)	
			(Please use supplementary sheet if necessary)	
TRIP CANCELLATION / CURTAILMENT (Please attach documents from Carrier/Travel Agent)				
When and where was holiday booked?		Intended Departure Date:		Date Cancelled:
AMOUNT PAID BY YOU:		AMOUNT RECOVERED FROM OTHER SOURCES:		AMOUNT CLAIMED:
PERSONAL LIABILITY (Please attach letter from Third Party, Police or Court)				
Was the accident due to carelessness, or negligence on your part? Have you in any way admitted liability?		To which Police Officer and Police Station (if any) did you report the occurrence?		Names & addresses of the other party(s)
Nature of personal injury sustained by any person		Name/Age of Injured Person		Nature of Injury
Extent of damage to property belonging to other party(s)		Whether any claim has been made upon you. If so, was the amount of such claim specified?		Please give or attach any additional information which you consider would help the Insurer in dealing with any claim that may be made against you.
COMPASSIONATE VISIT / AIRCRAFT HIJACKING (Please specify details of any claim)				
Name of Police Station, Carrier/Airline or other authorities where Report lodged (if applicable)				
DETAILS OF CLAIM			AMOUNT CLAIMED	
			(Please use supplementary sheet if necessary)	
PURCHASE PROTECTION CLAIM (Please furnish relevant Report from relevant authorities or Carrier/Airlines AND original purchase receipts)				
Please attach a report describing in full details of how and where the damage or theft occurred: (Detail each event)		Date theft reported: ____/____/____		Time of loss: ____ am/pm

*I/We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and *I/We agree that if *I/We have made or in any further declaration in respect of the said claim shall make any false or fraudulent statements of suppress conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited.

*I/We hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the company, or its authorized representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

Date _____ Signature of Insured Person/Claimant _____

TRAVEL CLAIMS PROCEDURES AND REQUIREMENTS

Submit this Travel or Accident and Sickness Proof of Loss Claim Form to Insurance Company of North America, 14/F ExportBank Plaza, Chino Roces Avenue corner Sen. Gil Puyat Avenue, Makati City, Philippines. The claims forms have to be completed signed and attach the necessary documents according to the section of loss below.

The claim notification and copy of the Certificate of Insurance must be submitted within 30 days after the occurrence or commencement of the loss.

Accidental Death

Accident and Sickness Proof of Loss Claim Form is to be used.

Documents to enclose (all certified true copy)

- ☐ official police report and other related report (i.e. inter-office accident report, newspaper clippings, etc.)
- ☐ duly registered death certificate
- ☐ autopsy report/medico-legal statement
- ☐ affidavit of witness
- ☐ available photos taken at incident scene
- ☐ proof of relationship of the beneficiary (such as marriage contract, birth certificate, baptismal and passport)
- ☐ birth certificate of Insured Person

Disability and Dismemberment

Accident and Sickness Proof of Loss Claim Form is to be used.

Documents to enclose (all certified true copy)

- ☐ certified true copy of admitting history and operating room record (if any)
- ☐ supplementary medical report indicating physician's prognosis and time of disability
- ☐ official accident report (i.e. police report, inter-office accident report, newspaper clippings, etc.)

Medical Expense & Hospital Confinement

Accident and Sickness Proof of Loss Claim Form is to be used

Documents to enclose:-

- ☐ original copy of medical bills (itemized charge slips and professional fees included) and original official receipts
- ☐ official report pertinent to the accident (i.e. police report, accident report if any)
- ☐ emergency room record / admitting history / discharge summary
- ☐ all medical results pertaining to the accident
- ☐ prescription of medicines

Travel Delay

Travel Claim Form is to be used.

Departure point must not be the country of residence or place of employment.

Documents to enclose:

- ☐ airline ticket
- ☐ travel itinerary
- ☐ boarding pass showing the actual take off time & date.
- ☐ written confirmation from the airline concerned specifying the reason(s) and the no. of hours of travel delay.

Missed Connecting Flight

Travel Claim Form is to be used.

Documents to enclose:

- ☐ airline ticket
- ☐ travel itinerary
- ☐ airport or airline irregularity report (stating or confirming the late arrival of incoming flight)

Loss or Damage of Baggage and Personal Effects

Travel Claim Form is to be used.

All losses must be reported to the Police Authority, responsible Hotel Management or responsible officer of any aircraft, vessel/conveyance within 24 hours.

Documents to enclose:

- ☐ airline ticket
- ☐ boarding pass
- ☐ travel itinerary
- ☐ police report or report issued by responsible Hotel Management or carrier evidencing such losses.
- ☐ original purchase bills/receipts of lost/damaged items
- ☐ original repair bills for damaged items
- ☐ if the responsible Hotel Management or carrier has made compensation to the damaged/lost items, please request them to issue a note or letter certifying the amount of money paid to you.

Loss of Money and Loss of Travel Documents

Travel Claim Form is to be used.

Losses must be reported to the Police Authority, responsible Hotel Management or responsible officer of any aircraft, vessel/conveyance within 24 hours.

Documents to enclose:

- ☐ Police report or report issued by responsible Hotel Management or carrier evidencing such losses.
- ☐ Written report of how the loss occurred and description of each item lost

Baggage Delay

Travel Claim Form is to be used.

Arrival point must not be the Insured Person's country of residence or place of employment.

Documents to enclose:

- ☐ airline ticket
- ☐ travel itinerary
- ☐ boarding pass showing the actual take off time & date.
- ☐ written confirmation from airline/their agents specifying reason and the no. of hours of baggage delay
- ☐ written acknowledgement on returned baggage
- ☐ all original bills/receipts for the purchase of emergency essential clothing and requisite items/charge slips of credit card used for purchases

Emergency Medical Evacuation & Repatriation (For Dollar Platinum Only)

Accident and Sickness Proof of Loss Claim Form is to be used.

Medical Evacuation and Repatriation will be organised by International SOS

Compassionate Visit (For Dollar Platinum Only)

Travel Claim Form is to be used.

Documents to enclose:

- ☐ travel ticket and official receipt
- ☐ proof of relationship to visited relative (marriage contract / birth certificate)
- ☐ proof of residency of the sick relative in the country to be visited
- ☐ medical certificate for the sick relative stating condition and prognosis

Trip Cancellation (For Platinum Cards Only)

Travel Claim Form is to be used.

Documents to enclose:

- ☐ proof of cancellation notice issued by the relevant parties
- ☐ death certificate and/or medical report
- ☐ proof of relationship between the Insured person and his/her parents, siblings, spouse or child
- ☐ airline ticket
- ☐ travel itinerary

Trip Curtailment (For Platinum Cards Only)

Travel Claim Form is to be used.

Documents to enclose:

- ☐ proof of cancellation notice issued by the relevant parties
- ☐ death certificate and/or medical report
- ☐ proof of relationship between the Insured person and his/her parents, siblings, spouse or child
- ☐ airline ticket
- ☐ travel itinerary

Aircraft Hijacking (For Dollar Card only EXCEPT Platinum)

Travel Claim Form is to be used.

Documents to enclose:

- ☐ Police report or report issued by the carrier, confirming that the Insured Person was a victim of the hijack and the duration of hijack.
- ☐ copy of the airline manifesto as proof that he is really a passenger in that flight

Personal Liability

Travel Claim Form is to be used.

In no circumstances should the issue on legal liability be admitted to any third party claimant(s).

Documents to enclose:

- ☐ letters/writs/summons from the third party / police / court

Legal Services

Travel Claim Form is to be used.

Documents to enclose:

- ☐ travel itinerary / boarding pass / airline ticket
- ☐ copy of report from Government or Public Authority as proof of the incident
- ☐ original receipts of legal expenses incurred

Purchase Protection (For Peso Platinum and Cathay Pacific American Express Card)

Travel Claim Form is to be used.

Documents to enclose:

- ☐ Receipt/s of proof of purchase
- ☐ AMEX Statement of Purchase
- ☐ Police Report if item/s was stolen
- ☐ If your item/s was damaged, a quote to repair the damaged item/s