

TRAVEL ASSURANCE

IMPORTANT NOTICE: To enable us to process your claim as quickly as possible, it is important to complete this form accurately and provide us with the original documentation requested at your own expense. If the information/documents supplied are insufficient, we shall advise you if further information / documents are required. Upon completing this form, please send the claim form and all supporting documentations to our servicing agent: **Pan North Insurance Agency, Building 7 Abdulhameed Shoman Street, Sumaisani - Amman 11194, Jordan**

Please answer all questions and boxes where appropriate. Leaving a question blank may result in delays in settling your claim.

Policy Certificate Number:

Policyholder's Name:

ID No: Passport No:

Contact No: (Office)..... (House)..... (Mobile).....

Claimant's Name (as per ID / Passport):

ID No: Passport No:

Contact No: (Office)..... (House)..... (Mobile).....

Address: Postcode:

Email Address:

CLAIMANT'S BANK DETAILS (FOR JORDAN ACCOUNT ONLY)

Account Name: **(Note: Payment can only be made to Policyholder)**

Bank Account No: Bank Name and Location:

SWIFT Code / Bank Identification Code (BIC): IBAN No:

Please fill in the flight information. Leaving this section blank would result in delays in settling your claims.

Airline: Flight No: Passenger Name Record (PNR) No / Booking No:

First Departure Country:

Scheduled First Departure Date (dd/mm/yyyy) :

Scheduled Return Date (dd/mm/yyyy):

I am filing a claim in respect of:- (Please the relevant boxes and fill in the blanks)

SECTION 1: TYPE OF CLAIM			
1. MEDICAL BENEFITS			
(a) Accidental & Sickness Medical Reimbursement	<input type="checkbox"/>		
2. EVACUATION & REPATRIATION BENEFITS			
(a) Emergency Medical Evacuation	<input type="checkbox"/>	(b) Repatriation of Mortal Remains	<input type="checkbox"/>
3. TRAVEL INCONVENIENCE BENEFITS			
(a) Loss of Travel Documents	<input type="checkbox"/>	(b) Travel Delay/ Delay on Arrival	<input type="checkbox"/>
(c) Travel Cancellation / Curtailment	<input type="checkbox"/>	(d) Visa Refusal	<input type="checkbox"/>
(i) For Travel Cancellation or Curtailment, please state reason:			
.....			
.....			

(ii) For Visa Refusal

- Visa Application date (dd/mm/yyyy) :.....
- Visa Reject date (dd/mm/yyyy) :

4. BAGGAGE BENEFITS

(a) Baggage Delay (b) Loss or Damage of Baggage and Personal Effects

Please complete **Section 2** on Description of Items

Baggage Collection Date:Place:Time..... am/pm

SECTION 2: DESCRIPTION OF ITEMS AND AMOUNTS CLAIMED

Details of amount claimed (please enclose original purchase receipts or other proof of purchase)

Item	Description /Model Type	When And Where Purchased	Original Cost Price	Amount Claimed
Notice: If you have more items, please attach separate sheet Amount:			Total	

DECLARATION

I declare that the particulars stated above are true and correct and I understand that if I have in this or any further declaration in respect of this claim, make any false or fraudulent statement or suppress, conceal or falsely state any material fact whatsoever my claim may be declined.

.....
Name

.....
Signature

Date: / /

SECTION 3: CHECKLIST ON THE REQUIRED SUPPORTING DOCUMENTS BY TYPE OF CLAIM

The following checklist will help you assemble the documents required to support your claim

Please note: i) **Dependent upon the circumstances, we may require other evidence to support your claim; in which case we will contact you.**

ii) **Failure to provide the supporting documents may result in a delay of your claim.**

iii) **Please provide translation if the supporting document is not in English, at your own expense.**

COMPULSORY FOR ALL TYPES OF CLAIM Duly completed Claim Form Original Flight Itinerary
 Certificate of Insurance Copy of Passport

ACCIDENTAL AND SICKNESS MEDICAL REIMBURSEMENT

- Original medical bills / Invoices
- Original receipts issued by the clinic/hospital
- Original medical report from the attending doctor

EMERGENCY MEDICAL EVACUATION / REPATRIATION OF MORTAL REMAINS

- Original bill and receipts by ambulance operator/hospital.
- Original medical report from the treating doctor

This section is Not Applicable If Asia Medical Assistance Pvt. Ltd (AMA) had provided the services in regard to Medical Evacuation or Repatriation.

LOSS OF TRAVEL DOCUMENTS

- Boarding pass as proof of departure or return
- Copy of the report filed with the Airlines / Airport or Police at place of loss within 24 hours
- Original receipts and proof of payment for all emergency expenses.
- Receipt of expenses paid to get replacement travel documents

TRAVEL DELAY /DELAY ON ARRIVAL

- Boarding pass as proof of departure or return
- Letter from Airline confirming the length and reasons of delay

TRAVEL CANCELLATION

- Travel agency / airline confirmation on the cost of non-refundable prepaid travelling expenses
- Medical report or Death Certificate of the insured person or the insured person's immediate family member
- Proof of relationship between the insured person / deceased and the immediate family member.

TRAVEL CURTAILMENT

- Medical report or copy of Death Certificate of the insured person or the immediate family member
- Proof of the relationship between insured person and the immediate family member.
- Travel agency / airline confirmation on the cost of non-refundable prepaid travelling expenses
- Proof of hospitalization of the insured person.

VISA REFUSAL

- Letter from Embassy confirming the Visa was rejected/ denied.
- A copy of passport with two (2) blank adjacent pages

BAGGAGE DELAY

- Boarding pass as proof of departure or return
- Written confirmation of length of delay from airline (Property Irregularity Report).

LOSS OR DAMAGE OF BAGGAGE AND OR PERSONAL EFFECTS

- Boarding pass as proof of departure or return
- Property Irregularity Report from airline
- Airline authority's confirmation letter stating the compensation amount
- Photographs of damaged items
- Original repair receipt (damage items) / purchase receipts or warranty card of lost / damaged items