



TRAVEL CLAIM FORM

IMPORTANT NOTE

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

All questions must be fully answered. Ticks and dashes are not sufficient.

SECTION 1 - GENERAL SECTION (this section must be completed by all claimants)

Policy No.		Travel Scheme (if applicable e.g. BOV card holder, La Vallette, Flypass etc.)	
Policyholder name		Claimant's name	
Address			
Tel. No.	Mobile No.	Email Address	
Business or Occupation		Age	
ID Card No.		Passport No.	

Are you insured by any other policy in respect of this claim? Yes No

If YES please give name and address of Insurers and policy number _____

Have you ever before claimed under a travel policy? Yes No

If YES please give details _____

Date of Departure _____ Date of Return _____

Destination / Countries _____

Purpose of Journey Holiday Business Other (please specify) _____

SECTION 2 - CANCELLATION & ABANDONMENT

Date of cancellation/abandonment _____

Please give reasons for cancellation/abandonment. *If the reason is related to death, injury or illness please complete SECTION 6 - MEDICAL INFORMATION*

State amounts claimed and attach receipts _____

Was the travel agent or ticket issuing office notified immediately of the cancellation? Yes No

Please specify the amounts recovered, if any (Attach any relevant booking conditions) _____

Number of persons claiming _____

SECTION 3 - PERSONAL ACCIDENT (Please also complete Section 6 - MEDICAL INFORMATION)

Date of accident _____ Place of accident _____ Time of accident _____

Give full description of the circumstances and details of the injury _____

Has claimant been totally disabled as a result of this accident? Yes No

When did total disablement start? _____ Is claimant still totally disabled? Yes No

When does claimant expect to resume part, if not all, normal business? _____

SECTION 4 - MEDICAL EMERGENCY AND ASSOCIATED EXPENSES (Please also complete Section 6 - MEDICAL INFORMATION)

Give details of injury or illness necessitating medical attention

Date of occurrence _____

Detail the expenses incurred (Attach receipts)

Please specify details of any Private Health Insurance which also covers you for the above expenses

SECTION 5 - HOSPITAL BENEFIT (Please also complete Section 6 - MEDICAL INFORMATION)

Reason for admittance to hospital

Date and time admitted to hospital _____

Date and time discharged from hospital. Attach hospital report _____

SECTION 6 - MEDICAL INFORMATION (Please complete for Sections 2-5)

Name and address of doctor giving initial treatment in respect of this illness or injury

Has the person concerned ever suffered from this type of illness or injury before? Yes No

If Yes give details _____

Did you know about this illness or injury prior to your departure from Malta? Yes No

If not claimant, give name, address and relationship _____

Name and address of usual doctor _____

Has he/she been consulted in respect of this illness or injury? Yes No

SECTION 7 - DELAYED AND MISSED DEPARTURE

Reasons for delayed or missed departure _____

Date and time of original departure _____ Date and time of rescheduled departure _____

Reasonable expenses incurred as a result of missed or delayed departure. (Attach receipts)

SECTION 8 - PERSONAL BELONGINGS AND PERSONAL MONEY (section also applicable to loss of passport and delayed luggage)

Date of loss, theft or damage _____ Time _____

Place _____

State precise circumstances in which loss, theft or damage occurred

Name and address of witness/es _____

Were the police notified of loss and/or theft? Yes No

If so, when and at which station _____

Loss of Passport - List details and amounts claimed in respect of _____
 additional accomodation and travel expenses incurred if you lose
 your passport whilst you are abroad (*Attach invoices/receipts*) _____

Personal Belongings

Description of lost, stolen or damaged property (including make and model) or items bought as emergency expenses	Date of purchase	Cost price in EURO	Value at the time of loss after allowing for wear and tear in EURO	Net amount claimed in EURO

Personal Money

Currency	Amount	
<i>Please attach original receipts, invoices and/or proof of purchase</i>	TOTAL AMOUNT CLAIMED in EURO	

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete.

If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We confirm that I/We have read those answers and that they are correct.

 Signature of Policyholder

 Signature of Claimant

 I.D. No.

 Name (Use Block Letters)

 Name (Use Block Letters)

 I.D. No.

 Date