TRAVEL Student

تكافل الراجحي
Al Rajhi Takaful

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 upload a scanned copy of this form on the online claim site http://claims-sa.tune2protect.com.

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): ……

Address: ……

……

Email Address: ……

CLAIMANT'S BANK DETAILS (PAYMENT WILL BE MADE TO POLICY HOLDERS ACCOUNT ONLY)

Account Name: ……

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) / Booking No: ……

First Departure Country: ……

Scheduled First Departure Date ……/…… /…… Scheduled Return Date ……/…… /……

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

SECTION 1: TYPE OF CLAIM

TRAVEL INCONVENIENCE BENEFITS

❑Travel Cancellation / Curtailment	❑Trip Delay	❑ Baggage Delay
❑Missed Departure/Connection	❑Baggage Loss	❑ Loss of Travel Documents
❑Study Interruption	❑Sponsor Protection	❑ Personal Liability
❑Legal Assistance	❑Bail Bond	❑ Credit Card Fraud

PERSONAL ACCIDENT BENEFITS

❑Accidental Death (Common Carrier) ❑Accidental Death

Date of Accident (dd/mm/yyyy): …… Time: …… ❑am ❑pm

EMERGENCY MEDICAL BENEFITS

❑Emergency Medical Expenses	❑ Compassionate Visit	❑ Emergency Dental Expenses
❑Physiotherapy	❑Emergency Medical Evacuation	❑Repatriation of Mortal Remains

Description of incident/injury: ……

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Date of incident: …… Name of eyewitness: …… Contact No: ……

Lawsuit filed? ❑Yes ❑No (*Please forward a copy of the suit, police report and eyewitness report.)*

If Injury, List Nature of Injury: ……

Are there any other insurance policies covering you for this incident? ❑ YES ❑ NO

If "Yes", please specify name of insurer, policy number and amount recoverable.

Insurer: …… Policy No.: …… Amount: ……

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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			**Total Amount:**	

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: …….. /……. / ……..

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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 CLAIMS

☐ **Duly completed Claim Form** ☐ **Original Flight Itinerary** ☐ **Certificate of Insurance** ☐ **Copy of Passport**

Trip Cancellation & Curtailment

- ☐ 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.
- ☐ Proof of hospitalization of the insured person

Trip Delay

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

Baggage Delay

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

Missed Departure / Connection

- ☐ Written confirmation from the public transport operator confirming the delay duration

Baggage Loss (Checked In up to 2 bags)

- ☐ Authority (Airline) confirmation letter stating compensation amount
- ☐ Purchase receipts or warranty card of lost items
- ☐ Photographs
- ☐ Property Irregularity Report from the airline

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

Study Interruption

- ☐ Original medical report from the attending doctor
- ☐ Original bill and receipts by ambulance operator/hospital.
- ☐ A copy of Death Certificate
- ☐ On account of death of the Insured's Immediate Family Member - Medical reports, • Statements from treating doctor, Death certificate with a
- ☐ Physician's statement giving the cause of death. Medical statements from relations or spouses will not be accepted.
- ☐ If in case of hospitalization of insured - Medical reports, statement from physician indicating necessarily for it needs to be submitted.

Sponsor Protection

- ☐ Original medical report from the attending doctor
- ☐ A copy of Death Certificate of Insurance
- ☐ A physician's statement giving the cause of death.
- ☐ All relevant medical reports
- ☐ Police report lodged
- ☐ Proof of payment from Sponsor
- ☐ Name of sponsor and relationship proof

Personal Liability

- ☐ Medical report or death certificate
- ☐ Police report (If applicable)
- ☐ Purchase receipt of lost item/repaired receipt of damaged item.
- ☐ Demand letter from third party

Legal Assistance

- ☐ Police report
- ☐ Legal letter issued by court.
- ☐ Payment receipts of expenses incurred

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Bail Bond ☐ A copy of Legal Document ☐ A copy of Police report ☐ Copy of arrest warrant ☐ Proof/Details about the offence ☐ Order of court/legal notice	**Credit Card Fraud** ☐ Receipts of expenses incurred ☐ Police Report ☐ Additional documents will be requested upon reviewing the details of the claim Bank confirmation receipt or statement verifying fraudulent activities
Accidental Death (Common Carrier) ☐ Death Certificate ☐ Receipts for medical expenses incurred ☐ Medical report ☐ Police Report (if applicable)	**Accidental Death** ☐ Original medical report /Bills ☐ Original medical Specialist report where required ☐ Photograph of injury ☐ Original or certified true copy of police report of the accident. ☐ Original copy of Death Certificate, burial permit and post mortem report where applicable
Emergency Medical Expenses ☐ Original medical bills / Invoices ☐ Original receipts issued by the clinic/hospital ☐ Original medical report from the attending doctor	**Compassionate Visit** ☐ Air ticket and boarding pass of the person accompanying the insured ☐ Receipt of expenses incurred ☐ Recommendation letter from the attending doctor to confirm that the Insured person should be accompanied by another person during his/her admission in hospital
Emergency Dental Expenses ☐ Original medical bills / Invoices/Receipt issued by clinic/hospital ☐ Original medical report from the attending doctor	**Physiotherapy** ☐ Original medical bills / Invoices ☐ Original receipts issued by the clinic/hospital ☐ Original medical report from the attending doctor RECOMMENDING PHYSIOTHERAPY SESSION
Emergency Medical Evacuation ☐ Original bill and receipts by ambulance operator/hospital. ☐ Original medical report from the treating doctor	**Repatriation of Mortal Remains** ☐ Original bill and receipts by ambulance operator/hospital. ☐ Original medical report from the treating doctor

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