TRAVEL Inbound

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

### EMERGENCY MEDICAL BENEFITS

❑Emergency Medical Expenses ❑Emergency Medical Evacuation ❑Repatriation of Mortal Remains

### TRAVEL INCONVENIENCE BENEFITS

❑Personal Baggage ❑Baggage Delay ❑Flight Delay

❑Travel Curtailment ❑Loss of Personal Money ❑Loss of Travel Documents

Date of incident: DD/MMM/YYYY Description of incident: ……

……..

……..

……..

……..

……..

*(Please forward a copy of the supporting reports like Airline Property Irregularity Report, Police Report etc..)*

## 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 |
|---|---|---|---|---|
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| | | | | |
| | | | | |
| *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**

### Emergency Medical Expenses

- ☐ 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

### Personal Baggage

- ☐ Property Irregularity Report from the airline / common carrier
- ☐ Confirmation from Airline / common carrier regarding any
- ☐ Compensation paid by Airline
- ☐ List of items lost including values
- ☐ Police Report (if applicable)
- ☐ Purchase receipts or warranty card of lost items

### Baggage Delay / Flight Delay

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

### Trip 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

### Loss of Travel Documents/Personal Money

- ☐ 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

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