

# TRAVEL INSURANCE CLAIM FORM

In order for your claim to be dealt with promptly, please ensure ALL RELEVANT SECTIONS of this Claim Form are fully completed and sent to [request@swanassistance.com](mailto:request@swanassistance.com), together with all the required claims evidence. A separate claim form must be completed for each Insured Person who is claiming under the policy.

Please retain a copy of all documents sent to us for your records.

Please note that all expenses incurred in completing this claim form and providing all the necessary evidence to support this claim must be paid by you. Expenses incurred in providing evidence or translations are not covered under this policy.

Claim No. ....  
(SIA Use Only)

## **SECTION 1 – INSURED DETAILS**

1. Policy Number: .....
2. Name of insured person: .....
3. Date of birth: .../.../... Occupation: .....
4. Address of claimant to be used for correspondence: .....
5. Tel (Home/ Work): ..... Tel (Mobile): .....  
Email: .....

6. Have you made any previous claims in respect to travel insurance? YES ☐ NO ☐

If yes, please provide exact details of claim/s (date/amount/type of claim/insurance company involved): .....

7. Have you made any claims with other insurance company? YES ☐ NO ☐

If yes, please provide information: .....

## **SECTION 2 – MEDICAL EXPENSE CLAIM**

1. Date of Incident: .../.../... Time (am / pm): .....  
Location (City / Country): .....
2. Please advise (in detail) the nature of the illness contracted or injury sustained for which this claim is related: .....

3. Have you ever been hospitalized or advised to be hospitalized? YES ☐ NO ☐

If yes, please fill in the table below:

Hospital Name	Admission Date	Discharged Date	Diagnosis	Treatment / Medication

4. Have you ever suffered from any disorder which required that a) received more than 7 days treatment b) were off work/study for more than one week c) had specialized treatment (i.e. chem/radiotherapy and dialysis, etc.) ?

YES ☐ NO ☐

If yes, please describe the details: .....

5. Are you currently on treatment/medication or advised to have treatment? YES ☐ NO ☐

If yes, please describe the treatment/medication.....

Please provide details of the treatment provided:

Name of hospital/clinic: .....

Address: .....

Name of treating doctor: .....

Specifics of the treatment: .....

6. Has the illness or injury mentioned above occurred previously (prior to this specific incident)?

YES ☐ NO ☐

If yes, please provide details (date/location/previous treatment) .....

Please itemize all medical expenses that you are seeking reimbursement for:

Explanation of the expense	Name of Hospital/Doctor	Currency	Amount Claimed
TOTAL			

## **SECTION 3 – BAGGAGE DELAY, TRAVEL DELAY AND/OR MISSED CONNECTION**

### **CLAIM**

1. Please indicate the claim type: Baggage Delay ☐ Travel Delay/Missed Connecting Flight ☐

Scheduled Time of Departure/Arrival .....

Actual Time of Departure/Arrival:.....

2. Flight/train number: .....

Reason for the delay: .....

3. Have you received any compensation for the delay from another source? YES ☐ NO ☐

If yes, please advise from whom and the amount: .....

4. If you missed your travel plans, did you receive any voucher or refund: YES ☐ NO ☐

If yes, provide details: .....

## **SECTION 4 – PERSONAL EFFECTS (LOSS/DAMAGE) CLAIM**

1. Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time (am / pm): .....

Location (City / Country): .....

2. Please advise (in detail) exactly what happened (attach a letter if insufficient space) .....

.....  
.....

3. Please advise what action was taken to recover lost articles (if any): .....

.....

4. Were the police or a responsible authority notified within 24 hours of the incident? YES ☐ NO ☐

If yes, state who: ..... Location: .....

If no, please provide the reason why: .....

5. Have you received payment from your travel/tour representative for the lost or damaged articles?

YES ☐ NO ☐

If yes, please advise from whom and the amount paid: .....

1. Please itemize all lost/damaged items that you are claiming for (please note which currency)

Full description of articles/money lost or damaged	Original price	Date & place of purchase	Amount claimed
TOTAL			

## **SECTION 5 – TRIP CURTAILMENT/CANCELLATION CLAIM**

6. Please indicate the claim type: Trip Curtailment ☐ Trip Cancellation ☐

7. Trip curtailment/cancellation time: .....

Reason: .....

8. Item claimed:

Description	Original Price	Time and Date of Payment	Claimed Amount
TOTAL			

## **SECTION 6 – ADDITIONAL INFORMATION OR COMMENTS TO SUPPORT YOUR CLAIM**

If you are claiming under a section of the policy not provided on this claim form, please provide details below: We recommend that you contact us for advice on the documents required to support your claim.

### **PAYMENT METHOD:**

Please indicate the following information for bank transfer

Note that the account name should be that of claimant's. No claim will be settled in cash.

Name of Bank: .....

Bank Code: .....

Branch Code: .....

Account Number: .....

Account Holder Name: .....

Swift Code: .....

IBAN: .....

Country: .....

### ***Please read the following declaration carefully and sign & date below:***

I (the Claimant) declare that all statements and particulars contained on this claim form are true and correct.

I (the Claimant) acknowledge and authorize that the underwriter or its agent may give to and obtain from other insurers and / or other authorities, personal information relating to this claim.

I (the Claimant) authorize the insurer or its agent to get related information and documents in respect to this claim from any other persons, police offices, hospitals, etc.

Signature of Claimant:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

.....

Full Name:

.....

## CLAIM REQUIREMENTS

### Medical Claim (Live Case):

Activation of the travel insurance policy is required to initiate assistance. A hospital visit to the Emergency Department will be arranged, and a Guarantee of Payment (GOP) will be issued for the Emergency Room consultation only. Please be advised that any further medical treatment will be subject to prior approval, contingent upon receipt and review of the necessary supporting documents outlined below.

- Travel Insurance Policy. (If not sent earlier)
- Passport copy. (Residency is required if passport shows different nationality)
- Visa copy. (Depending on destination requirements)
- Exit and entry stamps.
- Round Flight Tickets.
- Medical Report.
- Invoice.

### Medical Claim (Reimbursement Case):

- Travel Insurance Policy.
- Passport copy. (Residency is required if passport shows different nationality)
- Visa copy. (Depending on destination requirements)
- Exit and entry stamps.
- Round Flight Tickets.
- Medical Report.
- Invoice.

### \*Additional Notes for Medical Claim:

- If claim is associated to a car accident, we require a police report.
- A discharge summary if the insured was an inpatient or a day case patient.
- A breakdown of services or detailed bill is necessary for inpatient or day case patient.

### Delayed Luggage:

- Travel Insurance Policy.
- Passport copy. (Residency is required if passport shows different nationality)
- Visa copy. (Depending on destination requirements)
- Exit and entry stamps.
- Round Flight Tickets.
- Property Irregularity Report.
- Luggage Tag.
- Letter from the airline mentioning the delayed luggage with delivery note.
- If there is any compensation from the airline.
- Receipts of necessary items purchased during the time of delay luggage.

### Lost Luggage:

- Travel Insurance Policy.
- Passport copy. (Residency is required if passport shows different nationality)
- Visa copy. (Depending on destination requirements)

- Exit and entry stamps.
- Round Flight Tickets.
- Property Irregularity Report.
- Luggage Tag.
- Letter from the airline mentioning the lost luggage.
- If there is any compensation from the airline.
- Receipts for items in lost luggage or detailed invoices.

#### **Damaged Luggage:**

- Travel Insurance Policy.
- Passport copy. (Residency is required if passport shows different nationality)
- Visa copy. (Depending on destination requirements)
- Exit and entry stamps.
- Round Flight Tickets.
- Property Irregularity Report.
- Luggage Tag.
- Letter from the airline mentioning the luggage is damaged.
- If there is any compensation from the airline.
- Image of the damaged luggage.
- Receipt of the damaged luggage.

#### **Flight Delay:**

- Travel Insurance Policy.
- Passport copy. (Residency is required if passport shows different nationality)
- Visa copy. (Depending on destination requirements)
- Exit and entry stamps.
- Round Flight Tickets.
- Letter from the airline mentioning the reason of flight delay.
- If there is any compensation from the airline.
- Receipts of necessary items purchased during the time of delayed flight.

#### **Flight Cancellation:**

- Travel Insurance Policy.
- Passport copy. (Residency is required if passport shows different nationality)
- Visa copy. (Depending on destination requirements)
- Exit and entry stamps.
- Round Flight Tickets.
- Letter from the airline mentioning the reason of flight cancellation.
- If there is any compensation from the airline.
- Any expenses occurred during the time of flight cancellation.

#### **Theft or loss of personal belonging:**

- Travel Insurance Policy.
- Passport copy. (Residency is required if passport shows different nationality)
- Visa copy. (Depending on destination requirements)

- Exit and entry stamps.
- Round Flight Tickets.
- Police report mentioning how the incident occurred.
- If there is any compensation from the carrier, hotel, travel agent or any other party responsible for the loss or damage.
- Receipts for reissuance of the new ID card, passport and visa document. (Depending on which of these are lost)

**Repatriation due to Death Format:**

- Travel Insurance Policy.
- Passport copy.
- Visa copy.
- Flight Round Tickets.
- Exit / Entry Stamp.
- Medical Report.
- Invoices.
- Biopsy Report.
- Certificate of Death.
- Body clearance report from the embassy.
- All receipts regarding the transportation of the body to home country.

**Trip Cancellation due to death of a family member Format:**

- Travel Insurance Policy.
- Passport copy.
- Visa copy.
- Flight Round Tickets from first departure and back to country of residency.
- Exit / Entry Stamp.
- Certificate of death.
- New flight tickets with their invoices.
- Any expenses occurred for missed events or bookings.
- If there is any compensation from the airline.
- If there is any compensation from the reserved events booked or activities.
- Copy of residency.

## HOW TO REQUEST ASSISTANCE?

Since the appearance of an event that could be included in any of the guarantees described previously, the Beneficiary, or any person acting in his place will necessarily contact, in the shortest possible time, in every case, the Alarm Centre (24 Hrs./7 days) mentioned below, which will be available to help any person.

In the event of any claim Covered under this policy, the liability of the Assistance Company shall be conditional on the Insured claiming indemnity or Benefit having complied with and continuing to comply with the terms of this Policy.

If a Benefit Covered by the policy or assistance is needed, the Insured shall:

1. Take all reasonable precautions to minimize the loss.
2. As soon as possible contact Swan International Assistance to notify the claim stating the Benefits required:

Country	Contact Numbers
USA / Canada	+1 514 448 4417
France / Europe	+33 9 70 73 22 47
International	+961 9 211 662

3. Freely provide all relevant information.
4. Make "NO" admission of liability or offer promise or payment of any kind.

In the cases where the Insured, only due to force majeure or any reason beyond his control cannot contact Swan International Assistance directly to request the Services or Benefits Covered by the policy, the Insured can seek expense reimbursement in writing as follows:

1. Contact Swan International Assistance to obtain a "CASE NUMBER".
2. Send an explanation letter of the circumstances explaining why the "Services or Benefits" for which expenses are being claimed were not requested or obtained from Swan International Assistance directly.
3. Send the official documents (such as a Medical Report, Police Report or Notification of Loss or Theft, Airline Report of Delay, Cancellation, Lost Luggage, etc.) and the original receipts of the expenses incurred.

Swan International Assistance is NOT liable in respect of any Benefit which would otherwise be payable under this Policy, should there be another insurance in force Covering the same contingencies. Swan International Assistance, at its discretion, will consider reimbursing any expenses, totally or partially, after an internal assessment and case study is done.

The amounts (if any) reimbursed will not exceed, under any circumstances the amounts the Assistance Company would have paid to provide the Services directly if it was contacted in due time and manner by the Insured at the time the claim occurred.

### Important Note:

Swan International Assistance will not be liable to provide any assistance when;

1. As a result of force majeure, it is unable to put into effect any of the Benefits specifically envisaged in this policy.
2. The provision of which would endanger the lives of those persons intended to provide the assistance.