

# CLAIM FORM

## TRAVEL INSURANCE

### CLIENT DETAILS

#### Insured's Details

Name: ..... Policy number: .....

Address: .....

Contact details: Telephone ..... Email .....

#### Beneficiary's Details

Name: ..... Age: .....

Address: .....

Contact details: Telephone ..... Email .....

Claim for: Please choose one or more of the options and complete the corresponding section(s) below.

- Illness  Operation  Accident  Other (baggage, personal possessions or flight)

### IN CASE OF AN ILLNESS

Name of illness: .....

Date first experienced: ..... / ..... / ..... Were you hospitalised?  Yes  No

Details of symptoms: .....

Details of the diagnosis: .....

Details of the treatment prescribed: .....

Did you suffer from this illness previously?  Yes  No Date of check-up for this illness : ..... / ..... / .....

Please give details .....

Your doctor's name & contact details: .....

### IN CASE OF AN OPERATION

Details of recommended surgery: .....

Doctor's name: ..... Date: ..... / ..... / .....

Doctor's contact details: Telephone ..... Email .....

Surgeon's name: ..... Operation date: ..... / ..... / .....

Surgeon's contact details: Telephone ..... Email .....

Details of hospital: .....

## IN CASE OF AN ACCIDENT

Date of accident: ..... / ..... / ..... Place of accident: .....

Circumstances of the accident: .....

Injuries sustained: .....

Doctor's name: ..... Contact details: .....

Treatment prescribed: .....

Details of any permanent incapacity: .....

## EXPENSES INCURRED

Total medical expenses: Rupees .....

Is the treatment now completed?  Yes  No If no please give details of any further expenses .....

Do you have any other medical, surgical or personal accident insurance?  Yes  No

If yes please give details .....

Documents to be submitted:  Doctor's report  Complete medical report  Invoices from doctor/hospital/pharmacy  
 Receipts and prescriptions for any medication and medical tests

## OTHER CLAIMS

Claim for:  Baggage (loss or damage)  Personal Possessions (loss or damage)  flight delay or cancellation

Date: ..... / ..... / ..... Place: .....

Details of loss / damage / flight: .....

Estimate of loss / damage: Rupees .....

Has the Police / Local Authority / Airline been notified?  Yes  No If yes, please give details .....

Do you have any other insurance covering this property?  Yes  No If yes please give details: .....

Details of any other parties having an interest in the property: .....

## DECLARATION

I/We hereby declare that all the information given above is true and correct to my/our knowledge and that I/We have not retained nor concealed any information regarding the claim. I/We are fully aware that all false declarations and/or non-disclosure of material facts shall render this claim null and void and will entail the termination of the contract. I/We authorise The Mauritius Union Assurance Cy. Ltd to contact my/our attending doctor in respect to any complementary information required in relation to my/our illness or treatment received in relation to the claim and as regards my/our medical history and also authorise that this information be communicated to the company.

Insured's Signature: ..... Date: ..... / ..... / .....

Beneficiary's Signature: ..... Date: ..... / ..... / .....