AMOUNT



## TRAVEL PROTECTOR INSURANCE POLICY CLAIM FORM (FOR ALL PLANS)

E OF THE CLAIMANT (IN FULL)			AIM FORM. IF THE SPACE IS INSUFFICIENT PLE POLICY NUMBER						
RESS				PLAN TYPE					
				PERIOD OF INSURANCE		FROM	DI	D/ MM/ YY	
						TO		D/ MM/ YY	
JPATION PATION			DATE TRIP COMMENCED				DD/ MM/ YY		
ITIONSHIP OF THE CLAIMANT			DATE OF SCHEDULED RETURN				DD/ MM/ YY		
□ Hea ∘ N ∘ ∘ 1 □ Hija □ Loss		(Incl. Dental Tr wance nce	eatment)	NAL DOCUMEN	TS OF EXPENSE	○ Total Los ○ Delay of Financial En Personal Ac Personal Lia		CABLE	
	enses (including o	lental treatmer	nt )			TD5.17(1)	AS DOCTOR / SUNIS / USO	NO.	
NAME OF DISEASE	CONTRACTED				NAME	TREATIN	IG DOCTOR / CLINIC / HOS	SPITAL	
					NAME				
WHEN DISEASE FIRST MANIFESTED			DD/ MM/ YY		ADDRESS				
DATE WHEN TREATMENT STARTED			DD/ MM/ YY		CONTACT NUMBER				
DATE WHEN TREATMENT ENDED			DD/ MM/ YY		NATURE OF DISEASE / INJURY ( PLEASE DESCRIBE BRIEFLY )				
DATE OF ADMISSION			DD/ MM/ YY						
DATE OF DISCHAF			DD/ MM/						
HOSPIT ROOM RENT	TAL EXPENSES ( PLEAS	SE SHOW EACH HE	EAD SEPARATEL	.Y)	ROOM RENT	IN WORDS			
					CONSULTANO	CY CHARGES			
CONSULTANCY CH	IARGES				IN WORDS				
CONSULTANCY CH	<i>IARGES</i>					OTO IN			
CONSULTANCY CH	<i>JARGES</i>				COST OF TES				
	IARGES				COST OF TES	TS IN WORDS			
COST OF TESTS					COST OF TES WORDS OTHER COST	TS IN WORDS			
COST OF TESTS  OTHER COSTS	NSES				COST OF TES WORDS OTHER COST OUTPATIENT IN WORDS TOTAL CLAIM	TS IN WORDS  EXPENSES			
COST OF TESTS  OTHER COSTS  OUTPATIENT EXPE	ENSES				COST OF TES WORDS OTHER COST OUTPATIENT IN WORDS	TS IN WORDS  EXPENSES			
COST OF TESTS  OTHER COSTS  OUTPATIENT EXPE  TOTAL CLAIM AMO  B. Hospital Daily	ENSES	T		TOTAL	COST OF TES WORDS OTHER COST OUTPATIENT IN WORDS TOTAL CLAIM WORDS	TS IN WORDS  EXPENSES			
COST OF TESTS  OTHER COSTS  OUTPATIENT EXPE  TOTAL CLAIM AMO  B. Hospital Daily  TOTAL NUMBER OF BEING CLAIMED F	OUNT  Allowance OF DAYS FOR AMOUNTOR	T		BEING	COST OF TES WORDS OTHER COST OUTPATIENT IN WORDS TOTAL CLAIM WORDS NUMBER OF DO CLAIMED FOR I	EXPENSES  I AMOUNT IN  AYS FOR AMOUNT N WORDS			
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COST OF TESTS  OTHER COSTS  OUTPATIENT EXPE  TOTAL CLAIM AMO  B. HOSPITAL DAILY  TOTAL NUMBER OF TOTAL CLAIM AMO  C. Transportatio  IF YOU ARE CLAIM PLEASE SPECIFY SHEET  TOTAL CLAIM AMO  HIJACK DIST	Allowance OF DAYS FOR AMOUNT OOR OUNT  IN MING FOR EXTRA CO THE NAME OF AIRLIN	OSTS OF TRANSF ES, BURIAL DETA	AILS, EXPENSE	BEING TOTAL  ME( FOR SELF SINCURRED A	COST OF TES WORDS OTHER COST OUTPATIENT IN WORDS TOTAL CLAIM WORDS  NUMBER OF DO CLAIMED FOR IT CLAIM AMOUN  FAND / OR ACC	EXPENSES  A AMOUNT IN  AYS FOR AMOUNT  N WORDS  IT IN WORDS  COMPANYING PERIODENTAL COSTS W	RSON ), MORTAL REMAI	(PENSES IN AN ATT)	
COST OF TESTS  OTHER COSTS  OUTPATIENT EXPE  TOTAL CLAIM AMO  B. HOSPITAL DAILY  TOTAL NUMBER OF TOTAL CLAIM AMO  C. Transportatio  IF YOU ARE CLAIM PLEASE SPECIFY SHEET  TOTAL CLAIM AMO  HIJACK DISTREPORTS)	Allowance OF DAYS FOR AMOUNT OOR OUNT  IN MING FOR EXTRA CO THE NAME OF AIRLIN	OSTS OF TRANSF ES, BURIAL DETA	e attach nec	ME( FOR SELF S INCURRED A	COST OF TES WORDS OTHER COST OUTPATIENT IN WORDS TOTAL CLAIM WORDS  NUMBER OF DO CLAIMED FOR IT CLAIM AMOUN  FAND / OR ACC	EXPENSES  I AMOUNT IN  AYS FOR AMOUNT N WORDS  IT IN WORDS  COMPANYING PER IDENTAL COSTS W  AMOUNT IN WORDS  B Police Report	RSON ), MORTAL REMAI //TH BIFURCATION OF EX DS t, Airlines Report, M	(PENSES IN AN ATT)	
COST OF TESTS  OTHER COSTS  OUTPATIENT EXPE  TOTAL CLAIM AMO  B. HOSPITAL DAILY  TOTAL NUMBER OF TOTAL CLAIM AMO  C. Transportatio  IF YOU ARE CLAIM PLEASE SPECIFY SHEET  TOTAL CLAIM AMO  HIJACK DIST	Allowance OF DAYS FOR AMOUNT OR TOUNT  IN MING FOR EXTRA CO THE NAME OF AIRLIN TOUNT  TRESS ALLOWA  DATE OF COMMENCEMENT	DSTS OF TRANSPES, BURIAL DETA	e attach nec	ME( FOR SELF S INCURRED A	OUTPATIENT IN WORDS  TOTAL CLAIM WORDS  NUMBER OF DO CLAIMED FOR I CLAIM AMOUN  FAND / OR ACC ND OTHER INCI  TOTAL CLAIM  TOTAL CLAIM  TOTAL CLAIM  CHAIMED FOR I CLAIMED	EXPENSES  I AMOUNT IN  AYS FOR AMOUNT N WORDS  IT IN WORDS  COMPANYING PER IDENTAL COSTS W  AMOUNT IN WORDS  B Police Report	RSON ), MORTAL REMAI //ITH BIFURCATION OF EX- DS  t, Airlines Report, M	edia & TV cover	
COST OF TESTS  OTHER COSTS  OUTPATIENT EXPE  TOTAL CLAIM AMO  B. Hospital Daily  TOTAL NUMBER OF  BEING CLAIMED F  TOTAL CLAIM AM  C. Transportatio  IF YOU ARE CLAIP  PLEASE SPECIFY  SHEET  TOTAL CLAIM AM  HIJACK DIST  Reports )  NAME OF THE	Allowance OF DAYS FOR AMOUNT ON MING FOR EXTRA CO THE NAME OF AIRLIN DOUNT TRESS ALLOWA	DSTS OF TRANSPES, BURIAL DETA	e attach nec	ME( FOR SELF S INCURRED A	OUTPATIENT IN WORDS  TOTAL CLAIM WORDS  NUMBER OF DO CLAIMED FOR I CLAIM AMOUN  FAND / OR ACC ND OTHER INCI  TOTAL CLAIM  TOTAL CLAIM  TOTAL CLAIM  CHAIMED FOR I CLAIMED	EXPENSES  I AMOUNT IN  AYS FOR AMOUNT N WORDS  IT IN WORDS  COMPANYING PER IDENTAL COSTS W  AMOUNT IN WORDS  B Police Report	RSON ), MORTAL REMAI //TH BIFURCATION OF EX DS t, Airlines Report, M	edia & TV cover	

WORDS

DATE

DD/ MM/ YY

FINANCIAL EMERG	ENCV ASSISTA	NCE (	Diago attach [	Dalica D	onart \		ITGI / TP / 0
AMOUNT OF FUNDS LOST	UE (	i icase allacil l	PLACE OF LOSS				
AMOUNT OF FUNDS LOST I			DATE OF LOSS			DD/ MM/ YY	
WORDS POLICE REPORT LODGED	□ No		TIME O	F Loss			
TOTAL CLAIM AMOUNT			TOTAL	CLAIM AMOUNT IN WO	ORDS		
LOSS OF CHECKER	D BAGGAGE / D	ELAY	OF CHECKED	BAGG	AGE ( Please atta	ach Police Report	, Property Irregularity Report
from the Carrier, Clair							
	LOSS OF CHECKED					DELAY OF CHECKI	ED BAGGAGE
PROPERTY IRREGULARIT ATTACHED	□ No		NA	NAME OF THE AIRLINE			
CLAIM LODGED ON CARRIE		□ Yes □ No	lo				
POLICE REPORT LODGED		□ Yes □ No		HEDULED DEPARTURE		DD/ MM/ YY	
					TIME		
NUMBER AND					HEDULED ARRIVAL	DATE	DD/ MM/ YY
DESCRIPTION OF ITEMS LOST						TIME	
COST OF ITEMS LOST				AC	TUAL DEPARTURE	DATE	DD/ MM/ YY
						TIME	
DESCRIPTION OF ITEMS	3			AC	TUAL ARRIVAL	DATE	DD/ MM/ YY
PURCHASED						TIME	
				CO	ST OF ITEMS PURCHA	SED	
TOTAL CLAIM AMOUNT					TAL CLAIM AMOUNT	IN	
LOSS OF PASSPOR	RT ( Please attach	Police	Report, Proof	of Exper	nditure)		
DATE OF LOSS	DD/ MM/ YY			POLICE REPORT LODGED		□ Yes □ No	
APPLICATION / DOCUMENT				INCIDENTAL COSTS			
APPLICATION / DOCUMENT WORDS				INCIDENTAL COSTS IN WORDS  TOTAL CLAIM AMOUNT IN WORDS			
TOTAL CLAIM AMOUNT							
PERSONAL ACCIDI	` _		ce Report, Post	t Mortem		ertificate, Medical	Report )
DATE DD/					PLACE OF ACCIDENT	0.55	V N.
NAME	TING DOCTOR / CLINI	C / HOSP	ITAL		POLICE REPORT LOD	GED	□ Yes □ No
ADDRESS						FULL DESCRIPTION OF	ACCIDENT CALISE
ADDRESS				<u></u>	'	OLL DESCRIPTION OF	ACCIDENT CAUSE
CONTACT NUMBER							
N	IATURE OF INJURY SU	<u>ISTAINED</u>					
TOTAL CLAIM AMOUNT					TOTAL CLAIM AMOU	NT IN WORDS	
PERSONAL LIABILI	ITY (Please attac	ch Judg	ment of the Co	ourt )			
DATE	DD/ MM/ YY	Тімі		•	PLACE OF ACCID		
NATURE OF CLAIM BEING MADE					COURT WHERE TO BEING PURSUED		
TOTAL AMOUNT OF					TOTAL AMOUNT OF AWARD		
WARD INCLUDING					INCLUDING CLA	IMANT COST	
CLAIMANT COST				Declar	ation		
I DECLARE THAT TO THE B	EST OF MY KNOWLED	GE ALL P				THORISE MERCUR A	SSISTANCE TO OBTAIN ANY MEDICAL
RECORDS OR INFORMATIO				2. 2	710		
PLACE	· <del></del>				SIGNATURE OF	THE INSURED	

SIGNATURE OF THE CLAIMANT