CLAIM FORM

TIC
TRAVEL INSURANCE CONSULTANTS
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www.tic.co.za

1. Personal details

a.) Claimant details

Title: _____ [i]
Telephone number: _____ [i]
First name: _____ [i]
Fax number: _____ [ii]
Surname: _____ [i]
Cell number: _____
Postal address: _____
Physical Address: _____
Postal Code: _____
Physical Code: _____
Email address: _____ [ii]
Country of residence: _____ [i]
Date of birth: _____ [i]
Id / Passport number: _____ [i]

b.) Dependant children sharing in cover

No.	Name	Date of birth
1.		
2.		
3.		
4.		
5.		

2. Journey details

a.) Insurance selection (please complete all applicable columns):

TIC policy	Credit card	Medical aid	Corporate	Other
Policy no.	Credit card no.	Member ship no.	Policy no.	Reference
	Bank	Medical aid name	Company	Description

b.) Period of travel and destination you travelled to:

Departed on: _____ **Returned on :** _____

Main destination:

3. Banking details (Please note: Payments into credit cards not allowed)

Bank Account No.: _____ **Bank:** _____
Branch Code: _____ **Branch name:** _____
Account type: _____ **Account name:** _____

4. Declaration

I/We warrant the truth of the answers to the questions and I/we declare that no information has been withheld that would be deemed material to the claim and that the amount claimed represents my/our loss arising from the stated occurrence.

Signature: _____ **Date:** _____

[i] These fields should be completed for successful registration.
[ii] One of these fields should be completed for successful registration.

G Novis (Managing) E Wadsworth* (Chairman) A Alison* C da Silva* G Mollink* G Munro *non executive
Travel Insurance Consultants (Pty) Ltd Reg No 1988/003328/07, is an authorised Financial Service Provider (FSP 15592)
PROUDLY SOUTH AFRICAN
A Member of SAUMA
ASATA

SCHEDULE A – Claim Information

Date of Incident / Loss: _____

Country where incident occurred: _____

Did you notify the Assistance Company: YES / NO

Assistance Company reference number: _____

Which individual is the cause of the claim (herein referred to as subject)?

☐ Yourself ☐ Immediate family member ☐ Your travel companion ☐ Business associate ☐ Other

Other details: _____

Which immediate family member?

☐ Parents ☐ Legal guardian ☐ Step-parent ☐ Grandparent
☐ Grandchild ☐ In-law (son, daughter or parent) ☐ Natural or adopted child ☐ Brother
☐ Sister ☐ Step-brother ☐ Step-sister ☐ Other

Other details: _____

Short description of your claim:

_____

_____

_____

_____

What are you claiming for: (Tick)		**Section to complete**
	Emergency medical treatment because of accidental bodily injury, illness or disease.	Section A
	Emergency medical treatment because of accidental bodily injury caused by manual labour.	Section A
	Emergency medical treatment because of accidental bodily injury caused by participation in a sport activity.	Section A
	Emergency medical treatment because of a sudden and unexpected acute onset of a pre-existing illness or disease.	Section A
	Continued reasonable medical and customary medical expenses incurred within 30 days after your return to your country of residence.	Section A
	Inconvenience benefit for each completed 24 hours you remained in hospital whilst on your journey.	Section A
	Subjects' death or total permanent disablement : In flight	Section B
	Subjects' death or total permanent disablement : Not in flight	Section B
	Cancellation of your journey prior to departure.	Section C
	Curtail of your journey.	Section C
	A missed connection resulting from any circumstances beyond your control.	Section D
	Replacement airfare when we have repatriated you back to your country of residence.	Section A
	Scheduled departure of your conveyance transport delayed for a period in excess of the period stated on your schedule of insurance.	Section D
	You become legally liable for accidental death, accidental bodily injury, illness of any person or loss or damage to property.	Section E
	Daily benefit if a public conveyance in which you are travelling is hijacked, if you are held hostage, or if you are wrongfully detained.	Section F
	Legal expenses incurred with imprisoned or threatened with imprisonment.	Section G
	The economy class travel cost of a replacement employee to complete the assignment, which you were originally sent for.	Section H
	The economy class travel cost of returning you to the location you were at prior to your repatriation back to your country of residence by us.	Section H
	Your luggage, clothing and / or personal effects are accidentally lost, stolen or damaged.	Section I
	Loss or damage to trade samples.	Section I
	Accidental loss of or damage to personal cash (meaning bank and currency notes and coins), and non-refundable accommodation voucher, prepaid and non refundable entertainment tickets, the reissuing cost of existing travel tickets, traveller's cheques, credit cards, visas, passports and vouchers.	Section I
	Delayed, misdirected or temporarily misplaced luggage for a period in excess of the period stated on your schedule of insurance.	Section D
	Emergency at home whilst you are on your journey to secure and affect essential repairs.	Section J
	Other	Section K

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Section A – Medical information

1. Information to include with submission of your claim

- All medical bills
- Medical report from consulting physician
- Schedule C if appropriate (see 2.e. below)

2. Additional information

a.) Emergency medical treatment as a result of (please tick appropriate): ☐ Illness ☐ Disease ☐ Injury

b.) Diagnosis: _____

c.) If hospitalised, details of hospital where you were admitted:

Name: _____ **Date of admission:** _____

Telephone number: _____ **Fax number:** _____

d.) Consulting physician: _____ **Telephone number:** _____

e.) Have you been treated for this illness / disease within the last six months before purchasing your insurance: (If you have been treated, please complete Schedule C) YES / NO

f.) If you participated in a sport activity, was the sport of a hazardous nature? YES / NO

If YES, specify hazardous activity: _____

g.) If you participated in a sport activity, did you compete on a professional level? YES / NO

If YES, specify professional level: _____

h.) Tick appropriate related expenses incurred

☐ Medical transportation, repatriation and evacuation
☐ Repatriation of children
☐ Burial, cremation or return of mortal remains
☐ Compassionate emergency visit
☐ Repatriation of travel companion

Section B – Personal Accident information

1. Information to include with submission of your claim

- Death (Death certificate)
- Death (Police / authoritative report)
- Disablement (medical report from consulting physician)
- Certified copy of your identification document.

2. Additional information

a.) Tick appropriate: ☐ Death ☐ Total permanent disablement

b.) What caused subjects' death or total permanent disablement (please tick appropriate):

☐ Bodily injury by accidental, external, violent and visible means
☐ Exposure to the elements, resulting from a mishap to the conveyance in which you are travelling.
☐ Disappearance and it is reasonable for us to believe subject may have died due to accidental bodily injury.

c.) Permanent total disablement option selected (please tick appropriate):

☐ Loss of physical separation at or above the wrist or ankle of one or more limbs
☐ Total, permanent and irrecoverable loss of hearing in both ears
☐ Total, permanent and irrecoverable loss of sight in both eyes
☐ Permanent and total loss of speech
☐ Other (please specify below)

Section C – Cancellation and Curtailment information

1. Information to include with submission of your claim

- Unused travel tickets, vouchers
- Termination: Letter from employer
- Unexpected death (death certificate of subject)
- Burglary: Assessment report from all risk insurer

Police report for Theft or loss of documents; Hijack, strike, riot or civil commotion; Traumatic event

2. Additional information

a.) You cancelled or curtailed your journey because of (please tick appropriate):

☐ Unexpected death of subject
☐ Theft or loss of travel documents
☐ Hijack, strike, riot or civil commotion
☐ Sudden illness or injury of subject **(complete also Section A)**
☐ Traumatic event
☐ Accidental damage or burglary to your main residence
☐ Termination of employment by your employer for economic reasons

Section D – Delay (conveyance and luggage) and missed connection information

1. **Information to include with submission of your claim**
   - Delay (Proof of all expenses incurred)
   - Missed connection (copy of tickets or travel itinerary)
   - Delay (Written report from transport provider)
2. **Additional information**

Airline: _____ **Flight number:** _____

From Date : _____ **To Date:** _____

From Time: _____ **To Time:** _____

Section E – Personal liability information

1. **Information to include with submission of your claim**
   - Police report / Authoritative report
   - Copy of the summons (if applicable)
2. **Additional information**

a.) What caused you to become legally liable (please tick appropriate):

☐ Accidental death of person ☐ Accidental bodily injury ☐ Illness

☐ Loss to property ☐ Damage to property

b.) Details of third party

Name / Company: _____ **Telephone no:** _____

Contact person: _____ **Fax number:** _____

Section F – Hijack, Hostage or Wrongful detention information

1. **Information to include with submission of your claim**
   - Police report / Authoritative report
   - Copy of ticket
2. **Additional information**

a.) Tick appropriate: ☐ Public conveyance hijacked ☐ Held hostage ☐ Wrongfully detained

b.) Period: From date: _____ **To Date:** _____

c.) With selection of Hijack option:

Conveyance: _____ **Conveyance ticket ref:** _____

Section G – Legal expenses information

1. **Information to include with submission of your claim**
   - Police report / Authoritative report
2. **Additional information**

a.) Details of third party / Attorney

Name / Company: _____ **Telephone no:** _____

Contact person: _____ **Fax number:** _____

Section H – Replacement employee or Assignment resumption information

1. **Detail description (Please also complete appropriate Section A or Section B or Section C):**

_____

Section I – Luggage, cash and documents and trade samples information

1. **Information to include with submission of your claim**
   - Police report / Airline report
   - Contribution by airline in lieu of your luggage loss.
2. **Additional information**

a.) Tick appropriate cause: ☐ Lost ☐ Stolen ☐ Damage

b.) When Lost, by whom: ☐ Yourself ☐ Third Party ☐ Conveyance

c.) Indicate items affected:

☐ Luggage	☐ Clothing	☐ Personal cash	☐ Trade samples
☐ Personal effects	☐ Non-refundable accommodation voucher	☐ Reissuing cost of existing travel tickets	☐ Prepaid, non refundable entertainment tickets
☐ Credit cards	☐ Traveller's cheques	☐ Passports	☐ Vouchers

Section J – Home caretaker service information (please provide itemised billing from service provider)

1. **Details:** _____

Section K – Other

1. **Details:** _____

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SCHEDULE B – Break down of items claimed

Notes:

§ Attach all documentation to this schedule.
§ Cross reference the documentation with the relevant number on the schedule

No.	Description	Supplier	Settlement to	Date Incurred	Currency	Amount
1.			Claimant / Supplier			
2.			Claimant / Supplier			
3.			Claimant / Supplier			
4.			Claimant / Supplier			
5.			Claimant / Supplier			
6.			Claimant / Supplier			
7.			Claimant / Supplier			
8.			Claimant / Supplier			
9.			Claimant / Supplier			
10.			Claimant / Supplier			
11.			Claimant / Supplier			
12.			Claimant / Supplier			
13.			Claimant / Supplier			
14.			Claimant / Supplier			
15.			Claimant / Supplier			
16.			Claimant / Supplier			
17.			Claimant / Supplier			
18.			Claimant / Supplier			
19.			Claimant / Supplier			
20.			Claimant / Supplier			
21.			Claimant / Supplier			

SCHEDULE C – Medical questionnaire

Section A: Authorisation for disclosure of medical information by policy holder

I hereby authorise all information relating to my medical history to be disclosed to Travel Insurance Consultants and / or their representatives. I understand that the information will be used solely when assessing medical claims and will be treated as confidential.

Patient's name: _____

Illness / Disease: _____

Departed On: / / 20 **Returned On:** / / 20

Signature: **Date:**

Section B: Medical History

(To be completed by your treating physician)

Your patient purchased travel insurance for his journey departing and returning on dates indicated. We require a medical history for all travellers that received medical treatment / advice for the illness or disease as indicated during the six months prior to their journey. Please include all relevant information to enable us to assess your patient's medical and physical condition enable ling us to access his /her claim.

1. State conditions for which your patient has received medical treatment / advice in the past 6 months: (Date, diagnosis, treatment, medication)

2. State conditions for which your patient is currently receiving treatment: (Date, diagnosis, treatment, medication)

3. Travel can be stressful. In your opinion, was your patient's medical and physical condition stable for him or her to have undertaken his / her journey? Yes / No (If No, please provide reason and discuss with your patient)

4. Date of last examination: _____/_____/ 20____

5. How long have you been treating your patient? Years _____ Months _____

Your details:

Name: _____

Email : _____

Telephone: _____ **Fax:** _____

Signature: **Date:**

Travel Insurance Consultants is an authorised Financial Services Provider (FSP No. 15592)