

TIC CLAIM FORM

Please complete ALL fields. Take note of the Supporting Documentation required on the Check List.

1. PERSONAL DETAILS

Claimant details

Title: _____ Contact number: _____
First name: _____ Email address: _____
Surname: _____ Fax no: _____
Physical address: _____ Date of birth: _____
_____ ID/Passport number: _____
_____ Country of residence: _____

Dependent children sharing in cover

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

2. JOURNEY DETAILS

TIC Policy No.		Name of Corporate (if applicable)	
Do you have travel insurance through your Medical Aid Scheme? If so, state Scheme Name and Membership No.			
Do you have travel insurance through your Bank? If so, state name of Bank			

Period of travel and destination you travelled to:

Departed on: _____ Returned on: _____
Main destination: _____

3. BANKING DETAILS (Payments cannot be made into credit cards)

Account Holder: _____ Bank: _____
Account Number: _____ Branch Name: _____
Branch Code: _____ Account Type: _____

If the claim is against a Corporate Policy, the banking details of the Corporate must be provided

4. DECLARATION

I hereby confirm that I have answered all questions truthfully and have not withheld information that is material to the claim.

Signature: _____ Date: _____

SCHEDULE A – Break down of items claimed

Notes:

- List the items you are claiming for
- Attach all supporting invoices, receipts and cross reference the supporting documents with the relevant number on the schedule below

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			
22.			Claimant / Supplier			

5. SCHEDULE B – MEDICAL CLAIM INFORMATION

Authorisation for Disclosure of Medical Information by Policy Holder

I hereby authorise **or consent** to 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 for assessing my medical claim and will be treated as confidential.

Patient's Name: _____
Diagnosis of illness _____
treated on my _____
journey: _____
Departed on: _____ Returned on: _____
Signature: _____ Date: _____

Medical History (To be completed by treating physician)

Your patient purchased travel insurance for their journey departing and returning on the dates indicated. We require your patient's medical history including all diagnoses, treatments and advice given for the six months prior to the departure date **as per the authorisation herein above**. Please include all the relevant information of the patient's medical and physical condition, which will enable us to assess their travel insurance 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 enough for him/her to have undertaken a journey? Yes/No (If No, please provide reason and discuss with your patient)

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

5. How long have you been treating this patient? Years ____ Months ____

Your details:

Name: _____
Email: _____
Telephone: _____ Fax: _____
Signature: _____ Date: _____

CLAIMS CHECK LIST

The following must be submitted as supporting documentation with the submission of your claim:

(This list is not exhaustive, as we may request further supporting documentation)

The following is required on each claim submission:

Copy of Flight Tickets		Copy of Passport	
Completed Claim Form		Proof of Bank Account	

Documents required per Risk category

MEDICAL			
Schedule B – Medical Claim Information		All Medical Accounts/Invoices	
Medical Reports from treating doctors		All Receipts for accounts paid	
CANCELLATION/CURTAILMENT/EXTENSION (submit what is applicable relating to reason of claim)			
Medical Report giving reason for not travelling		Report of Medical History of the person giving rise to your claim	
Notification of Death (stating cause of death)		If due to loss of Travel Documents – Police Report	
Proof of Travel & Accommodation Bookings		If due to Retrenchment or Redundancy – Letter from Company	
If due to Hijack, Strike, Riot or Civil Commotion – confirmation from Transport Carrier		Proof of Non-refundable costs (Paid less refund received) Bank Statement reflecting proof of payment(s)	
If due to Accidental Damage to Residence – Letter from Insurance Company		Confirmation of Non-refundable Travel & Accommodation costs	
If due to an Unspecified Event – proof that Policy was purchased within 48hrs of making your travel bookings		If due to a Terrorist Incident – copy of Prepaid Itinerary	
MISSED CONNECTION			
Report from Transport Carrier		Original Flight Itinerary, showing departure/arrival times of all flights	
Proof of additional costs/expenses incurred			
LUGGAGE / CASH & DOCUMENTS			
Police Report (from authorities where loss occurred)		Proof of black-listing of stolen/lost cell phone	
Valuation Certificate for jewellery		Proof of foreign currency	
Non-refundable entertainment tickets		Receipts for replacement of passport, visas & credit cards	
Confirmation of contribution from Airline			
LUGGAGE DELAY & TRAVEL DELAY			
Written proof of delay from Transport Carrier		Receipts of items purchased	
ACCIDENTAL DEATH OR PERMANENT TOTAL DISABLEMENT			
Death Certificate		Post Mortem/Autopsy Report	
Medical Report detailing disablement		Police Report	
WEATHER CONDITIONS & NATURAL DISASTER			
Written proof from Transport Carrier		Proof of non-refundable portions of Travel & Accommodation costs	
All Receipts of additional expenses incurred			
DENIED VISA			
Proof of non-refundable portions of Travel & Accommodation costs		Letter from Embassy	

PERSONAL LIABILITY			
Summons or Letter of Demand from third party			
LEGAL EXPENSES			
Proof of imprisonment			
CAR RENTAL EXCESS WAIVER			
Copy of Rental Agreement		Police Report of accident/theft	
Receipt of paid excess to Rental Company			
HOME CARETAKER SERVICE			
Receipt of repairs from Service Provider			
POLITICAL EVACUATION			
Proof that Government Advisory was issued declaring a State of Emergency		Proof of expenses incurred for Transportation & Accommodation	
HIJACK AND HOSTAGE OR WRONGFUL DETENTION			
Proof of incident from Transport Carrier		Police Report	
REPLACEMENT AIRFARE			
Proof of Hospitalisation & Medical Reports			