

Dear Claimant,

Re: Personal Possessions / Personal Money Insurance Claim

We are sorry that an incident has occurred during your trip. Please find attached a claim form. Please ensure this is fully completed, signed and returned to us by post, together with the following **original** documentation.

1. Proof of your insurance. This may be in the form of a holiday booking invoice or for Internet bookings, an email confirmation.
2. The Airlines booking invoice or proof of travel and payment of trip.
3. Used flight/travel tickets and airline baggage receipt tags (if damaged whilst in the care of the airline).
4. Police/Airline or any other relevant reports*.

For lost, stolen or damaged items:

5. Proof of ownership and value (e.g. original purchase receipts, valuation certificates obtained prior to the loss, credit/debit card statements, guarantee cards, instruction manuals etc.). For damaged items, please forward a repairer's estimate.

For loss or theft of cash if applicable to policy:

6. Currency exchange slips or confirmation from your bank of the issue of foreign currency.
7. Documentary evidence of currency held

***ACCOMPANYING REPORTS**

Loss or theft of items must be reported to the police or other suitable authority (such as a hotel manager) within 24 hours of discovering the incident. Please enclose the original report.

Loss or damage caused by the carrier (airline etc) must be reported to them immediately and a Property

Irregularity Report (PIR) obtained. Where this is not possible, a report must be made to them in writing within 7 days of the incident.

For delayed luggage, please make sure a written complaint is made to the Airline within 21 days of receiving the luggage.

If any of the above cannot be provided, please enclose a covering letter explaining the reasons for this.

Please note that in order for us to handle your claim as quickly and efficiently as possible, it is necessary that you answer all questions and forward **original** documents. We suggest that you retain photocopies of all relevant documents for your own records. **Please ensure you make it clear who you wish any payment to be made out to on the front of the claim form, if not the claimant.**

The address to return your completed claim form and supporting documentation to is as follows:

Arab Gulf Health Services

NEXtCARE, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor,

Umm Al Sheif,

Sheikh Zayed Road

PO80864

Dubai

Phone: **UAE +971 4 270 8705**

Email: travel.claims@nextcarehealth.com

We look forward to hearing from you.

Yours faithfully,

Travel Claims Department

NEXtCARE

CLAIM FORM

Please ensure all original documents requested are enclosed

Claim Reference No.:

Personal Details

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Title:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:		<input type="text"/>	
Occupation:	<input type="text"/>	<input type="text"/>	
Daytime Tel No:	<input type="text"/>	Postcode:	<input type="text"/>
Evening Tel No:	<input type="text"/>	Mobile No:	<input type="text"/>
E-mail Address:	<input type="text"/>		
Cheque to be made payable to:	<input type="text"/>		

Trip Details

Destination / Country of this Journey:		<input type="text"/>	
Date Journey Booked:	<input type="text"/>	Date Insurance Purchased:	<input type="text"/>
Date of Journey:	<input type="text"/>	Date of Return:	<input type="text"/>
Duration: days	<input type="text"/>	No. of People Insured:	<input type="text"/>
Place Insurance Purchased:		<input type="text"/>	
Name of Tour Operator (if applicable): <input type="text"/>			

Travel Insurance Details

Travel Insurance Policy No/Ref:		<input type="text"/>	
What company did you buy your Travel Insurance from?		<input type="text"/>	
Other Insurance: Please confirm which Bank you hold current accounts and / or credit cards with:			
Bank Name	<input type="text"/>	Credit Card No.	<input type="text"/>
		Issued Bank	<input type="text"/>
		Date of Expiry	<input type="text"/>

POSSESSIONS, DELAYED POSSESSIONS, LOSS OF PASSPORT AND PERSONAL MONEY FORM

Please ensure all original documents requested are enclosed

Claim Reference No.:

All Claims

Please advise the exact circumstances of how the loss/theft/damage/delay occurred

Date :

Time:

Please confirm who the incident was report to and forward the original report or provide an explanation if no report is available

Please confirm the precautions taken in order to secure your property:

Have you received payments from any other source?

Yes:

☐

No:

☐

Details:

Delayed Possessions Claims (only)

When were your possessions returned to you?

Date:

Time:

All Claims

Please provide the name, address and reference number of the home contents policy for the property you are living in, (this will not affect any no claims discount on that policy).

Insurer name and address:

Reference :

Have you made any previous claims under a travel, home contents or motor policy? No

☐

Yes

☐

(Please provide details).

Insurer name and address:

Reference :

Loss of Passport Only

Expenses incurred : Travel Accommodation Passport admin costs

Total claimed Expiry date of passport

Possessions / Delayed possessions

Owner of property	Please provide exact description of item. Confirm make and model number , if applicable	Date of purchase	Place of Purchase	Original purchase price	Amount Claimed

Please continue on a separates sheet if necessary

Please total each persons claim in the boxes below:

Owners initials: Owners initials: Owners initials: Owners initials:

Amount claimed: Amount claimed: Amount claimed: Amount claimed:

Personal Money

Owner of Currency	Type of Currency	Rate of Exchange	Receipt Yes/No	Amount Claimed

Please total each persons claim in the boxes below:

Owners initials: Owners initials: Owners initials: Owners initials:

Amount claimed: Amount claimed: Amount claimed: Amount claimed:

Declaration: Insurers and their agents share information to prevent fraud and for underwriting purposes. It is a criminal offence to make a fraudulent claim. Cases are investigated and any person suspected of fraud is reported to the police with whom we always co-operate in effecting a prosecution. I/We declare that the information contained within this claim form is true and correct to the best of my/our belief. I/We assign to Insurers all rights of recovery/salvage against any person or organization and will do whatever else is necessary to secure such rights. I/We agree that Company may contact our *family or treating doctor* for more information if they deem it necessary.

Claimant Name Signature: Date