

Dear Claimant,

Re: Medical Expenses / Curtailment 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. Original receipts/invoices in respect of the amounts being claimed.
4. All Travel tickets - used and unused.
5. A letter from the treating doctor confirming dates of admission and discharge.
6. For curtailment claims, written confirmation from the treating doctor that such curtailment was medically necessary.
7. Where necessary, a medical certificate may require completion. If necessary, this will be sent after your claim has received an initial assessment.

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 copies for your records. **Please ensure you make it clear who you wish any payment to be made out to if not the claimant.**

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

Travel Claims Department
Arab Gulf Health Services
NEXtCARE, Eiffel Boulevard Limited Building
(Eiffel 2) 1st floor, Umm Al Sheif
Sheikh Zayed Road
PO80864
Dubai UAE
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:

Forename(s):

Title: Date of Birth:

Address:

Occupation:

Daytime Tel No:

Postcode:

Evening Tel No:

Mobile No:

E-mail Address:

Cheque to be made payable to:

Trip Details

Destination / Country of this Journey:

Date Journey Booked:

Date Insurance Purchased:

Date of Journey:

Date of Return:

Duration: days No. of People Insured:

Place Insurance Purchased:

Name of Tour Operator (if applicable):

Travel Insurance Details

Travel Insurance Policy No/Ref:

What company did you buy your Travel Insurance from?

Other Insurance: Please confirm which Bank you hold current accounts and / or credit cards with:

Bank Name

Credit Card No.

Issued Bank

Date of Expiry

