

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, together with the following supporting documents.

1. The Airlines booking invoice or proof of travel and payment of trip.
2. Used flight/travel tickets and airline baggage receipt tags (if damaged whilst in the care of the airline).
3. Police/Airline or any other relevant reports\*.

**For lost, stolen or damaged items:**

4. 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:**

5. Currency exchange slips or confirmation from your bank of the issue of foreign currency.

**\*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 all supporting documents. We suggest that you retain copies for your records.

Please contact us on telephone UAE +971 4270 8705 or email: [travel.claims@nextcarehealth.com](mailto:travel.claims@nextcarehealth.com)

We look forward to hearing from you.

Yours faithfully,

Travel Claims Department

**Personal Details**

Surname:  Forename(s):

Title:  Date of Birth  Address:

Mobile No:  Email:

**Trip Details**

Destination/Country of this Journey:

Date Journey Booked :

**POSSESSIONS, DELAYED POSSESSIONS AND LOSS OF TRAVEL DOCUMENTS**

Please ensure all original documents requested are enclosed. Please provide the invoices of the essential replacement items purchased during the delay.

**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)1**

When were your possessions returned to you? Date:  Time:

**Loss of Travel Documents 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 separate sheet if necessary. Please provide the invoices of the essential replacement items purchased during the delay.

**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 Insurers may contact our family or treating doctor for more information if they deem it necessary.

Claimant Name  Signature  Date