

Travel Claim Form

Primary Insured Details (Compulsory)

Name

Please complete Section(s) according to your claim type

- Section A** for Loss of Theft of Money or Passport
 Section C for Cancellation or Curtailment due to Medical Reasons
 Section B for Loss or Theft of Personal Effects or Baggage
 Section D for Cancellation or Curtailment due to Other Reasons

Section A: Loss or Theft of Money or Passport		
Date of Loss/Theft (dd/mm/yyyy)	Police Report Number	
Describe How Loss Occurred		
<i>Please ensure that the original Police Report is attached — your claim will be invalid without it.</i>		
Total Claim		
Passport Please provide proof of replacement cost.	Passport Holder	Replacement Cost
	Passport Holder	Replacement Cost
	Passport Holder	Replacement Cost

Section B: Loss or Theft of Personal Effects or Baggage			
Date of Loss/Theft (dd/mm/yyyy)	Police Report Number		
Describe How Loss Occurred			
<i>Please ensure that the original Police Report is attached — your claim will be invalid without it.</i>			
Item(s)	Description	Original Cost	Replacement Cost

For 'Baggage Delay' attach receipts for items purchased & carrier report showing details of delay.

Section C: Cancellation or Curtailment Due to Medical Reasons

Name of Injured Party		Relationship to Insured	
Date of Birth (dd/mm/yyyy)	Duration of Disability (Start Date)		Duration of Disability (End Date)
Nature of Illness or Injury (if injury, please give full details including date and place)			
<i>Please ensure that a Medical Report from your attending physician is attached.</i>			

Section D: Cancellation or Curtailment Due to Other Reasons

Original Ticket Cost	Refunded Amount
Describe How Cancellation/Curtailment Occurred:	
<i>Please ensure that the original of invoices for expenses are attached. Please ensure that any information in support of the reasons for cancellation or curtailment are attached.</i>	

Declarations

I DECLARE that the information provided in this claim is, to the best of my knowledge, a fair and accurate reflection of the circumstance of my claim.

Signature	Dated (dd/mm/yyyy)
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(If claimant is under 18, parent or guardian must sign).

Payment Instructions (Bank Transfer Settlement Only)

Account Holder's Name	Address
Bank Name	
Account Number	
Routing/Sort Code	
Swift Code	IBAN No.
Currency for Settlement = US Dollars	Account Type

Check List

When returning the claim form, please ensure that all necessary supporting information is attached.

- Travel tickets (used or unused)
- Travel agents invoice
- Traveller's checks should be refunded by issuing office, if not provide evidence as to why no refund
- Police report – showing time and date of loss within 24 hours of loss (Money/theft/loss claims)
- Carrier report – showing date of loss/delay (Baggage claims)
- Tradesman's invoice for cost of repair and detail of repair. Invoice for replacement item (if applies)
- Ticket/accommodation receipts for additional expense (Cancellation/curtailment claims)
- Carrier Report, police report, public transport report showing reason and length of delay
- Please complete the attached Payment Instruction form

All claim forms for non-medical claims should be sent to claims@talent-trust.com

When scanning and sending files, please ensure to use lower resolution and smaller file sizes. For more details on submitting claims please refer to www.talent-trust.com/claims/