

## GoSecure Travel Insurance Claim Form

### General Information

#### **Policy Particulars:**

Policy No: \_\_\_\_\_

Endorsement No: (If any) \_\_\_\_\_

Insured's Name \_\_\_\_\_

Insured's Contact No: \_\_\_\_\_

#### **Loss Particulars:**

Date of Loss \_\_\_\_\_

Type of Loss (Please Tick)

- Personal Accident (Death & Disability)  Medical Expenses  Medical Evacuation
- Death Repatriation  Emergency Dental Care  Total Loss of Checked-In Baggage
- Loss of Passport  Baggage Delay  Flight Delay  Trip Cancellation & Curtailment
- Loss of Credit Card  Emergency Return Home  Travel & Stay over of One Immediate Family Member
- Return of Dependent Children  Dispatch of Medication  Personal Liability

Please attach the following mandatory documents with Claim intimation:

1. Original Policy Certificate
2. Original Endorsement (if any)
3. Passport Copy with FIA stamps on exit from Pakistan and entry in insured destination
4. Air Tickets and Boarding Passes (optional)
5. Others – Any document required by AICL

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### Medical Benefits – Emergency Medical Expenses (Accident & Sickness)

1. Name of Loss Sustaining Person \_\_\_\_\_
2. Date of Loss \_\_\_\_\_
3. Place of Loss \_\_\_\_\_
4. Circumstances of Loss {for injury related claims only} {attach extra sheet(s), if required}  
\_\_\_\_\_  
\_\_\_\_\_
5. Name, Address and Telephone Nos. of Hospital/ Clinic where treatment was given  
\_\_\_\_\_
6. Name of Attending Doctor \_\_\_\_\_
7. Nature of Ailment \_\_\_\_\_  
\_\_\_\_\_
8. If the Ailment/ Injury aggravated due to a pre-existing condition? Please give details  
\_\_\_\_\_  
\_\_\_\_\_
9. Details of Treatment Received & Expenses Incurred {attach extra sheet(s), if required}  
\_\_\_\_\_
10. Details of Any Third Party Involved in the Accident (for Injury related claims only)  
\_\_\_\_\_
11. Total Amount Claimed \_\_\_\_\_

Please submit the following documents **in Original** for claim assessment:

1. Attending Physician's Case Summary (including OPD visit and/or treatment)
2. Attending Physician's Prescription
3. Discharge Summary (for Hospitalization & ER admission only)
4. Police Report (for Injury related claims only)
5. Financial Documents (Bills, Invoices & Receipts)
6. English translation of aforementioned documents by a recognized translator
7. Others – Any document required by AICL