

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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Travel Inconvenience Benefits – Flight Delay (Excess First 12hrs.)

1. Name of Insured Person _____

2. Date of Delayed _____

3. Place of Delayed _____

4. Reason for Delaying

5. Name, Address and Telephone Nos. of Airline.

6. Total Amount Claimed _____

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

1. PNR (Passenger Name & Record) with the narration of Flight Delayed
2. Invoices & Receipts against emergency purchases
3. English translation of aforementioned documents by a recognized translator
4. Others – Any document required by AICL