Registered & Head Office:
5th Floor, State Life Building 2-A,
Wallace Road, Off. I.I. Chundrigar
Road, Karachi-75600, Pakistan.
Phones: (021) 32416331-4
Fax: (021) 32416572
Email: info@pil,com.pk

TRAVEL CLAIM FORM

The acceptance of this Form is NOT an admission of liability on the part of the Company. Any documentary proof or report required by the Company shall be furnished at the expenses of the Policyholder or Claimant.

Required documents - For all travel claims please submit air tickets and boarding pass. For annual plans, please provide a copy of the pass port showing duration of trip. We reserve the right to request for additional information. To ensure that there is no delay in the handling of your claim, please return the claim form duly completed with supporting documents.

Policyholder Claimant (if it differs from the above)	Insurance Policy No.
Address	Occupation Date of Birth Sex ☐ Male ☐ Female
Telephone No. HP No. Email Address:	Travel companion(s) is/are insured With PIL? ☐ Yes ☐ No If yes, please provide details
Place where incident, loss or illness occurred	Time Date
Are there any other Policies of insurance in force covering you in respect of this event?	☐ Yes ☐ No If yes please specify:
Description of the incident, loss or illness	

(A) PERSONAL ACCIDENT/ILLNESS - MEDICAL AND ADDITIONAL EXPENSES **Please attach original medical receipts and copy of discharge summary or available medical report**	
1. Have you suffered this illness or injury or a similar condition or a recurrence of a previous illness or injury?	☐ Yes ☐ No If yes, please specify:
2. State amount claimed (with currency)	
3. Give name and address of your usual attending Doctor	

B) CANCELLATION/CURTAILMENT **Please attach documents from carrier / travel agent and any relevant documents to support your claim**		
When and where was the trip booked?	Intended Departure Date Date of cancellation	
Why was the trip cancelled?		
Amount paid by you	Amount recovered from other sources	Amount Claimed

(C) LOSS OF CHECKED IN BAGGAGE

Please furnish Police Report and original purchase receipts and or warranty cards

Location of police station, name of airlines/carrier or other authorities where report is lodged.

Give details of amount claimed

Item	Description	When and where purchased / Issued	Original purchase price	Depreciation for wear and tear	Amount Claimed

(D) FLIGHT DELAY

Please attach letter from Airlines/Carrier stating the reason and duration of delay

Original Flight details		**Delay Flight Details**	
Date:	Time:	Date:	Time:
Place of Departure		Place of Departure:	
Flight No.:		Flight No.:	
Name of Airline:		Name of Airline:	

(E) BAGGAGE DELAY

Please attach Boarding Pass. Baggage Irregularity Report, Baggage acknowledgement slip and any other correspondence from the Airline

Flight Details	**Collection of Delay Baggage**
Arrival Date:	Date:
Arrival Time:	Time:
Place of Departure:	Place:
Flight No.:	
Name of Airline:	

(F) OTHERS

In respect of any other claim which does not fall within the sections stated above, please provide details of the claim you are submitting. If the Space below is insufficient for such details, please attach another page.

I declare that to the best of my knowledge and belief that the above particulars are true and accurate. If I made or shall make any false or fraudulent statements, or withhold material facts whatsoever in respect of this claim, the Policy shall be void and I shall forfeit all rights to recover therein,

I authorize any hospital doctor, other person who has attended or examined me, to furnish to the Company, and/or its authorized representatives, any and all information relating to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

Date: _____ Signed here _____

(Policyholder)

Please direct the claim form and all correspondence to:

Premier Insurance Ltd. (Head Office)

5th Floor, State Life Building 2-A,

Wallace Road, Off. I.I. Chundrigar

Road,

Karachi.