

LIST OF CLAIMS DOCUMENTS REQUIRED

COMPULSORY DOCUMENTS FOR ALL CLAIMS

<input type="checkbox"/> Completed Claims Form	<input type="checkbox"/> Original receipts or tax invoices for the cost incurred
<input type="checkbox"/> Letter of Request or Incident Letter	<input type="checkbox"/> Copy of Flight Itinerary & Boarding Passes
<input type="checkbox"/> Copy of Travel Insurance Policy	<input type="checkbox"/> Copy of Passport (Pages with biographical data and entry-exit stamps)

OTHER SUPPORTING DOCUMENTS FOR EACH BENEFIT

Note: Please be informed that we reserve to ask for additional documents on a case-to-case basis.

<p>MEDICAL AND EMERGENCY EXPENSES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Original Medical / Dental Report and/or Medical Abstract. <input type="checkbox"/> Laboratory and Test Results <input type="checkbox"/> Operative and/or Histopathology Reports <input type="checkbox"/> Hospital Statement of Account and/or Receipts <input type="checkbox"/> Police Report (if due to accident) <p>Additional Documents Required for Each Benefit</p> <p><u>Extension of Period of Stay of the Insured as a Result of Illness or Accident</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hospital Notes or Confirmation letter confirming days as an in-patient <p><u>Delivery of Medicines (Excluding Cost of Medicines)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Prescription <p><u>Escort of Dependent Child and Compassionate Visit & Travel of One Immediate Family Member</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Original Receipts of the Transportation and Accommodation Expenses of the companion <input type="checkbox"/> Copy of flight itinerary of the companion <p>Emergency Medical Evacuation and Repatriation and Mortal Remains Repatriation (To be arranged by Emergency Assistance Provider, Please call immediately)</p> <p>TRAVEL CANCELLATION EXPENSES AND TRIP CURTAILMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reason Unable to Travel (Affidavit stating the Reason of cancelling the trip) <ul style="list-style-type: none"> • Hospitalization and/or Medical Abstract • Death (Death Certificate) <input type="checkbox"/> Proof of relationship between Insured Person and the Immediate family member (if needed) <input type="checkbox"/> Original Receipts or Tax invoice for proof of advance payment made for transportation and accommodation expenses issued by the agency or directly by the wholesaler (airline or hotel) & a copy of the travel voucher. <input type="checkbox"/> Original cancellation document proving the non-refundable portion 	<p>specified (e.g. travel agency's certification, letter from the airline to the travel agency or client stating that the carrier can't refund the airfare, and statement from the hotel regarding cancellation policies).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Original Receipts or Tax Invoice for the additional fees paid for the return ticket to home country such as no-show fee, rebooking fees, penalties, etc. with a copy of the new travel itinerary <p>FLIGHT DELAY, MISSED CONNECTING FLIGHT & FLIGHT DIVERSION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Original Certification from Airline Company with cause <input type="checkbox"/> Original Receipts of expenses incurred due to incident. <input type="checkbox"/> Copy of the flight itinerary of the actual time and date of departure. <p>Additional Documents Required for Each Benefit</p> <p><u>Aircraft Hi-Jacking</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Certification from the airline regarding the Incident including the length of time the airline was hi-jack. <p>PERSONAL BELONGINGS AND BAGGAGE</p> <p><u>Delay in the Arrival of Luggage</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Original Property Irregularity Report (P.I.R.) from airline <input type="checkbox"/> Written confirmation from the airline regarding the length of the delay <input type="checkbox"/> Original Receipts of essential items purchased due to delay of luggage <p><u>Compensation for In-Flight Loss or Destruction of Checked-in Baggage</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Original Property Irregularity Report (P.I.R.) from Airline <input type="checkbox"/> Written confirmation from the airline company about the loss or damage of the checked-in baggage. <input type="checkbox"/> List of contents of the luggage with estimated price and date of purchase of each item. <input type="checkbox"/> Photograph of the damaged item and the original receipt and/or quotation for the repair. <input type="checkbox"/> Original certification of settlement of the compensation payment by the 	<p>carrier.</p> <p><u>Loss of Travel Documents</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Original Police report from the place where incident occurred <input type="checkbox"/> Essential costs to replace the passport. <input type="checkbox"/> Travel cost to embassy (Original receipts). Accommodation if required to wait (Original receipts) <input type="checkbox"/> Original receipts for costs or fees to obtain new travel document <p>ACCIDENTAL DEATH AND DISABLEMENT PERMANENT TOTAL DISABILITY AND UNPROVOKED MURDER AND ASSAULT CLAIMS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written notice of claim must be submitted to the Company within 7 days from date of accidental death. The Company reserves the right to deny any claim where notices are filed beyond 7 days. <input type="checkbox"/> Hospital and physician's report indicating the nature of the loss and extent and period of disability. <input type="checkbox"/> Police reports when relevant <input type="checkbox"/> In case of death, a copy of the Coroner's report on post-mortem examination. <input type="checkbox"/> Proof of Relationship of claimant with the insured <input type="checkbox"/> NSO Authenticated Death and Birth Certificate <input type="checkbox"/> 2 Valid / Government issue ID cards of the Insured and the beneficiary. <input type="checkbox"/> In case of permanent disability, original medical report on the sustained injury and/or permanent disability <input type="checkbox"/> Certification to the legal personality of the beneficiaries. Should these be the legal heirs, order of declaration of heirs made by the competent court will be necessary <input type="checkbox"/> Certificate from the Register of Last will procedures, if the designation of beneficiaries were made by will (if applicable) <input type="checkbox"/> Letter of payment of or exemption from General Inheritance Tax, duly filled out by the relevant Tax office. <input type="checkbox"/> Other legal documents required.
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