



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 – Compassionate Visit

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. Medical Reports
- 2. Attending Physician's Case Summary with details on need for an Attendant
- 3. English translation of aforementioned documents by a recognized translator
- 4. Others Any document required by AICL