

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

GoSecure Travel Insurance Claim Form
Medical Benefits – Emergency Dental Care

1. Name of Loss Sustaining Person _____
2. Date of Loss _____
3. Place of Loss _____
4. Circumstances of Loss {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. 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