



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 – Passport Loss

1. Name of Insured Person _____

2.	Date of Loss
3.	Place of Loss
4.	Detail of Loss (When & Where) attach extra sheet(s), if required
5.	Total Amount Claimed
Ple	ase submit the following documents in Original for claim assessment:
	1. Police Report obtained within 24 hours of theft
	2. Invoice & Receipt for expenses incurred in obtaining a replacement
	passport/travel document
	3. English translation of aforementioned documents by a recognized translator
	4. Others – Any document required by AICL