

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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Personal Accident Benefits – Accidental Death & Permanent Total Disability

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. Cause of Death (for death claims only)

6. Cause and Extent of Disability (for disability claims only)

7. Name, Address and Telephone Nos. of Hospital/ Clinic where treatment was given

8. Name of Attending Doctor _____
9. Details of Any Third Party Involved in the Accident

10. Total Amount Claimed _____

Please submit the following documents **in Original** for claim assessment:

1. Death Certificates (issued from examined hospital and Pakistani embassy and later NADRA)
2. Disability Certificate issued by Competent & Authorized Entity stating cause and extent of disability (for Permanent Disability claims only)
3. Police Report stating cause of loss
4. Medical Treatment & Financial Documents
5. English translation of aforementioned documents by a recognized translator
6. Others – Any document required by AICL