

GoSecure Travel Insurance
Claim Form
Medical Benefits –
Emergency Medical Expenses
(Accident & Sickness)

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 Medical Expenses (Accident & Sickness)

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. 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

GoSecure Travel Insurance
Claim Form

Medical Benefits –
Emergency Dental Care

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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

GoSecure Travel Insurance
Claim Form

Personal Accident Benefits –
Accidental Death &
Permanent Total Disability

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

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

GoSecure Travel Insurance Claim Form

Medical Benefits – Repatriation of Mortal Remains

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 – Repatriation of Mortal Remains

1. Name of Insured Person _____
2. Date of Death _____
3. Place of Death _____
4. Circumstances of Loss (attach extra sheet(s), if required)

5. Cause of Death for (for death claims only)

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

8. Name of Attending Doctor _____
9. 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. Autopsy Report
3. Forensic Report
4. Physician's statement stating cause of death
5. Medical Documents
6. Financial Documents (Bills, Invoices & Receipts)
7. English translation of aforementioned documents by a recognized translator
8. Beneficiary's Succession Certificate/Deed of indemnity (attested)
9. Others – Any document required by AICL

GoSecure Travel Insurance
Claim Form

Medical Benefits –
Compassionate Visit

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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 – 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

GoSecure Travel Insurance
Claim Form

Medical Benefits –
Return of Dependent Child

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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 – Return of Dependent Child

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. Total Amount Claimed _____

Please submit the following documents for claim assessment:

1. Death Certificates (issued from examined hospital and Pakistani embassy)
2. Original Autopsy Report
3. Original Forensic Report
4. Original Physician's statement stating cause of death
5. Original Medical Documents
6. Copy of Passport and/or CNIC proving child's relation with the deceased
7. Original Financial Documents (Bills, Invoices & Receipts)
8. English translation of aforementioned documents by a recognized translator
9. Others – Any document required by AICL

GoSecure Travel Insurance
Claim Form
Travel Inconvenience Benefits
– Total Baggage Loss
(Checked-in)

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

Travel Inconvenience Benefits – Total Baggage Loss (Checked-in)

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. Name, Address and Telephone Nos. of Airline.

6. Total Amount Claimed _____

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

1. Air tickets and Boarding Passes (for domestic travel within insured destination)
2. Property Irregularity Report issued by the carrier
3. Letter from the carrier stating compensation received for lost baggage
4. Proof of ownership of items valued in excess of USD 100/-
5. Financial Documents (Bills, Invoices & Receipts)
6. English translation of aforementioned documents by a recognized translator
7. Others – Any document required by AICL

GoSecure Travel Insurance
Claim Form

Travel Inconvenience Benefits
– Checked-in Baggage Delay

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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

Travel Inconvenience Benefits – Checked-in Baggage Delay

1. Name of Insured Person _____
2. Date of Baggage Delay _____
3. Place of Loss Baggage Delay _____
4. Detail of Baggage Delay (When & Where) attach extra sheet(s), if required

5. Name, Address and Telephone Nos. of Airline.

6. Total Amount Claimed _____

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

1. Property Irregularity Report stating the date and time of baggage arrival
2. Invoices & Receipts against emergency purchases
3. English translation of aforementioned documents by a recognized translator
4. Others – Any document required by AICL

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GoSecure Travel Insurance
Claim Form
Travel Inconvenience Benefits
– Flight Delay
(Excess First 12hrs.)

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

Travel Inconvenience Benefits – Flight Delay (Excess First 12hrs.)

1. Name of Insured Person _____

2. Date of Delayed _____

3. Place of Delayed _____

4. Reason for Delaying

5. Name, Address and Telephone Nos. of Airline.

6. Total Amount Claimed _____

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

1. PNR (Passenger Name & Record) with the narration of Flight Delayed
2. Invoices & Receipts against emergency purchases
3. English translation of aforementioned documents by a recognized translator
4. Others – Any document required by AICL

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GoSecure Travel Insurance
Claim Form
Travel Inconvenience Benefits
– Trip Cancellation &
Curtailment

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

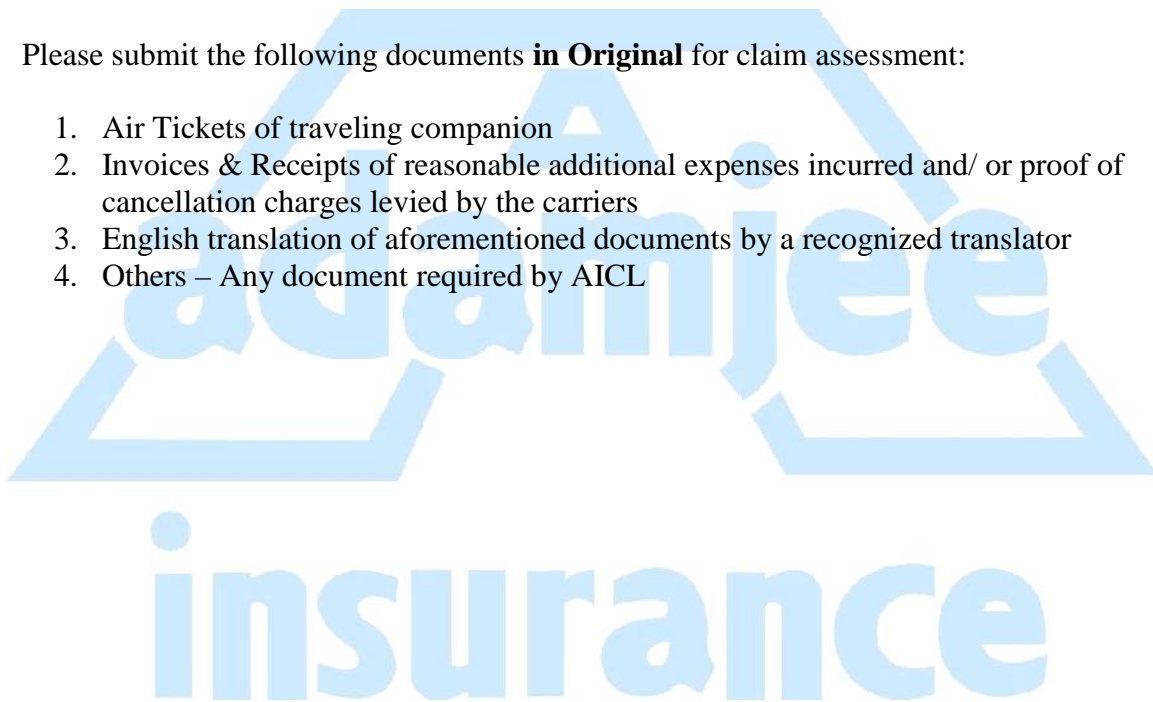
Travel Inconvenience Benefits – Trip Cancellation & Curtailment

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. Total Amount Claimed _____

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

1. Air Tickets of traveling companion
2. Invoices & Receipts of reasonable additional expenses incurred and/ or proof of cancellation charges levied by the carriers
3. English translation of aforementioned documents by a recognized translator
4. Others – Any document required by AICL



GoSecure Travel Insurance
Claim Form
Travel Inconvenience Benefits
– Passport Loss

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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
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 _____

Please 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

GoSecure Travel Insurance
Claim Form

Travel Inconvenience Benefits
– Credit Card Loss (TPA Only)

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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

Travel Inconvenience Benefits – Credit Card Loss (For TPA Only)

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 _____

Please 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 lieu of Credit Card
3. Official identity documents of the Financial Guarantor
4. English translation of aforementioned documents by a recognized translator
5. Others – Any document required by International SOS/AICL