سوليدرتي
SOLIDARITY
Al Ahlia Insurance

Travel claim form

This claim form is not an admission of liability. We thank you in advance for filling in this claim form in full in order to assure a fast and accurate processing. This form was simplified according to your needs. As a consequence, all fields are compulsory. Thanks again for your cooperation.

A. ADMINISTRATIVE

Policy No:	Policy Holder / Company Name:	
Email Address:	Phone No:	
Insured Name:	Gender: ☐ M ☐ F	Insured Date of Birth:
Insured Occupation:	Insured Nationality:	

B. CLAIM DETAILS

Claim Date:	Type of Claim: ☐ Loss of Baggage and Personal Money ☐ Delayed Baggage ☐ Medical Expenses

C. LOSS OF BAGGAGE AND PERSONAL MONEY

When and where was the property last see by you?	Date:	Time:	Place:
Was the incident reported to the Police? ☐ N ☐ Y		If Yes, in which date?	
To which Police station?			(please attach the Police report)
Is there any other Insurance covering the same property? ☐ Y ☐ N	If yes, Company:		Policy No:

D. DELAYED BAGGAGE/DEPARTURE

How many persons were travelling?	Number of Adults:	Number of Children:
Departure Date:	Departure Time:	Departure Airport:
Arrival Date:	Arrival Time:	Arrival Airport
Have you been compensated by the Airline? ☐ Y ☐ N		If Yes, provide the amount of the compensation received:
Reason for the flight cancellation/delay:		Number of hours the flight/baggage was delayed:
When have you finally been receiving your luggage/departed? Date:		Time:

E. MEDICAL EXPENSES

Type of Medical Emergency: ☐ Sickness ☐ Accident	Incident Date:	Incident Place:
Description of the Incident:		
Do you have any medical insurance? ☐ Y ☐ N	If yes, Company:	Policy No:
Type of treatment: ☐ Outpatient ☐ Inpatient ☐ Both	Have you previously suffered of the above injury/sickness? ☐ Y ☐ N	
Please provide the details of the treatment received:		

D. POLICYHOLDER DECLARATION

I/We hereby declare that the above mentioned particulars are true to the best of my/our knowledge and beliefs.

Date: Signature: