



Insurance
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TRAVEL INSURANCE CLAIM FORM

AAR INSURANCE KENYA LIMITED
GEORGE WILLIAMSON HOUSE, 4TH NGONG, 2ND FLOOR,
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MPESA PAYBILL NO. 333200

CLAIM REFERENCE NO: _____
POLICY NO: _____

(1) PERSONAL PROPERTY/MONEY AND DOCUMENTS

Please complete this form and return it with relevant documentation to the address above. Do not hesitate to call if you have any queries.

A. PERSONAL DETAILS

Full name (as per policy): _____
Date of birth: _____ Occupation: _____ Telephone: _____

B. INSURANCE DETAILS

Policy name: _____
Date trip booked: _____ Travel date: From: _____ To: _____
Name of Travel Agent: _____
Name of Tour Operator if any: _____
Hotel accomodation details resort Country: _____

C. PERSONAL PROPERTY, MONEY AND DOCUMENTS

Including Baggage Delay) _____
Date Of Loss/Damage: _____ Place Of Loss/Damage: _____
Full Details/Circumstances: _____

Was The Loss /Damage Reported To The Police? Yes No

Date Of Loss /Damage Reported To The Airline? Yes No

If No, Please State Reason: _____

Date Of Loss /Damage Reported To The Tour Operator:

Is Your Property Also Covered Under Household Contents Insurance?

Yes No

If Yes, Please Give Details Below: _____

| Details of items lost/ damaged | Date of purchase | Shop & town where purchased | Purchase price | Amount claimed | Evidence of value | For office use ONLY |
|--------------------------------|------------------|-----------------------------|----------------|----------------|-------------------|---------------------|
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Please continue on a separate sheet if there is insufficient space. Please mark all documents for your claim reference.

The following original documents must be sent with your claim for claim processing;

1. Your Safari Card
2. Your travel tickets
3. Police, Airline or Tour Operator report
4. Evidence of Ownership such as original receipts, valuations, credit card receipts
5. Any other relevant documentation to support your claim
6. Your original holiday/flight confirmation and/or receipt or deposit receipt

(II) CURTAILMENT/MISSED DEPARTURE TRAVEL DELAY/PERSONAL LIABILITY

A. CANCELLATION/LOSS OF DEPOSIT/CURTAILMENT

Reason for Cancellation or Curtailment: _____

(1) FOR CANCELLATION/LOSS OF DEPOSIT

Date Trip originally booked: _____ Total Cost of holiday: _____

Date insurance purchased: _____ Amount refunded: _____

Date trip cancelled: _____ Amount claimed: _____

(2) FOR CURTAILMENT OF TRIP

Date Trip originally booked: _____ Date of Incident causing Curtailment: _____

Date Insurance purchased: _____ Actual Return Date: _____

Original Transport Method (Air/Ferry/Coach...): _____

Amounts claimed for Additional Expenses: _____

IF THE REASON FOR THE CLAIMS IS MEDICAL, A MEDICAL REPORT BY THE USUAL DOCTOR OF THE PERSON WHOSE CONDITION GIVES RISE TO THE CLAIM MUST BE SUBMITTED

B. MISSED DEPARTURE/TRAVEL DELAY

Reason for Delay or Missed Departure: _____

(1) FOR MISSED DEPARTURE

Point of Departure: _____

Date & Time of Planned Departure: _____

Transport Used (Air/Coach/Ferry, etc.): _____

Method Employed to Rejoin Trip: _____

Amount Claimed: _____

(2) FOR TRAVEL DELAY

Scheduled Date and Time of Departure: _____

Actual Date and Time of Departure: _____

Number of hours delay: _____ Flight number: _____ Airline Company: _____

C. PERSONAL LIABILITY

Address of holiday apartment/hotel: _____

Date and time of incident: _____

Full details of the incident: _____

The following original documents must be sent with your claim form for claim processing

1. Your Safari Card.
2. Your original holiday/ flight confirmation and/ or receipt or deposit receipt.
3. Your travel tickets.
4. Proof of cancellation, medical certificate redundancy notice, court summons, etc
5. Receipts for additional travel and/or accommodations expenses (if applicable)
6. Confirmation of cause of claim from carrier, breakdown organization or garage, etc
7. Confirmation from the carrier stating reason for delay including actual travel time .
8. Any other relevant documentation to support your claim.

(III) MEDICAL EXPENSES CLAIM SECTION

Please complete this form and return it with all relevant documentation to the above address. Please do not hesitate to call if you have any queries

| Date of treatment | Expenses claimed | Amounts claimed | For office use only |
|-------------------|------------------|-----------------|---------------------|
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MEDICAL AND EMERGENCY EXPENSES/HOSPITAL BENEFIT

Date of Injury/Onset of Illness: _____ Place of Injury/Illness: _____

Details of Injury/Illness: _____

Circumstances of Accident (if applicable) _____

Have you suffered from the same/similar condition before? Yes No

If YES, please ask your usual doctor to complete the attached medical certificate.

PLEASE NOTE: Any charge made by a doctor for medical reports must be paid by the claimant.

If hospitalized, please state:

Admission Date: _____ Discharge Date: _____

The following documents must be sent with your claim form for claim processing

1. Your Safari Card
2. Your original holiday/flight confirmation and/or receipt or deposit receipt
3. A Doctor's Report, stamped and dated.
4. Hospital, Doctor, Chemist, Dentist receipts for amounts claimed
5. Receipts for additional travel and/or accommodation expenses (if applicable)
6. Any other relevant documentation to support your claim
7. Confirmation from the carrier stating reason for delay including actual travel time

DECLARATION

I declare that to the best of my knowledge all particulars contained in this form are true and correct.

Signed: _____ Date: _____