

## **Travel Claim Form**

Primary Insured Details (Compulsory)

Name		Policy ID				
Please complete Section(s) according to your claim type  Section A for Loss or Theft of Money or Passport  Section B for Theft of Personal Effects or Loss of Baggage		<del></del>	on or Curtailment due to Medical Reasons on or Curtailment due to Other Reasons			
Section A: Loss or Theft of Money or Passport						
Date of Loss/Theft (dd/mm/yyyy)	Police Report Number					
Describe How Loss Occurred  Please ensure the original Police Report	t is attached — your claim will be invalid t	without it.				
Please ensure the proof of replacement Total Claim	t cost for loss of passport is attached — y	our claim will be invalid without it.				
Section B: Theft of Personal I	Effects or Loss of Baggage					
Date of Theft/Loss (dd/mm/yyyy)	Police Report Number					
Describe How Theft/Loss Occurred  Please ensure the original Police Report	t is attached — your claim will be invalid v	without it.				
- :	of carrier's rejection of claim and proof o		claim will be invalid without it.			
For Theft of Personal Effects						
Stolen Effect(s)	Description	Original Cost	Replacement Cost			
For Loss of Baggage - proof of luggag	ge weight is required	T .				
Baggage(s)		Weight(s)				
Baggage 1						
Baggage 2						
For Luggage Delay		Cost				
Purchased Essential Item(s)		Cost				

	n or Curtailment Due to Medica			
Name of the injured or sick person		Relationship to Insured	Relationship to Insured	
Original Ticket Cost	Refunded Amount	Intended Departure Date	Actual Departure Date	
	injury, please give full details including	l date and place)		
Please ensure that a Medical R	Report from your attending physician is att	ached.		
Please ensure that a Medical R	Report from your attending physician is att	cached.		
	Report from your attending physician is att n or Curtailment Due to Other			
Section D: Cancellation	n or Curtailment Due to Other	Reasons		
Section D: Cancellation Original Ticket Cost	n or Curtailment Due to Other	Reasons		
Section D: Cancellation Original Ticket Cost	n or Curtailment Due to Other	Reasons		
Section D: Cancellation Original Ticket Cost	n or Curtailment Due to Other	Reasons		
Section D: Cancellation Original Ticket Cost  Describe How Cancellation/C	n or Curtailment Due to Other  Curtailment Occurred:	Reasons  Refunded Amount		
Section D: Cancellation Original Ticket Cost  Describe How Cancellation/C	n or Curtailment Due to Other  Curtailment Occurred:  than 6 hours of transit time between flight	Reasons  Refunded Amount  s (applicable for mixed iterinary and/or budge	get airlines). the reasons for cancellation or curtailment a	

Payment Instructions (Bank Transfer Settlement Only)			
Account Holder's Name	Home Address		
Bank Name			
Account Number			
Routing/Sort Code			
Swift Code	IBAN No.		
Currency for Settlement = US Dollars	Account Type		

Declarations			
I DECLARE that the information provided in this claim is, to the best of my knowledge, a fair and accurate reflection of the circumstance of my claim.			
Signature	Dated (dd/mm/yyyy)		

(If claimant is under 18, parent or guardian must sign)

Cidilii Check List
All claim forms for non-medical claims should be sent to claims@talent-trust.com
All claim forms for non-medical claims should be sent to claims@talent-trust.com
Cancelation
Claim Form
Original travel itinerary, including the travel cost
<ul><li>New travel itinerary, including the travel cost</li><li>☐ Confirmation of cancellation from the airline</li></ul>
Confirmation of refund or non-refund from airline
Curtailment
☐ Claim Form
☐ Travel itinerary, including the travel cost
Medical report from the attending medical practitioner (if applicable)
A written confirmation from the attending medical practitioner that it is necessary to curtail the trip (if applicable)
Death certificate (if applicable)
Confirmation of refund or non-refund from airline
Lost Luggage
☐ Claim Form
☐ Documentation of the carrier's rejection of the claim for loss of luggage
☐ Proof of luggage weight
Luggage delay
Claim Form
A report from the airline confirming the number of hours of delay or misdirection in delivery
Proof of purchase of the essential items
Stolen Articles
☐ Claim Form
Police report – showing time and date of loss and total loss incurred within 24 hours of loss
Proof of purchase of the lost or stolen article
Lost or Stolen Notebook Computer, Camera, or Musical Instrument
Claim Form
☐ Police report – showing time and date of loss and total loss incurred within 24 hours of loss ☐ Proof of purchase of the lost or stolen article
Froot of parchase of the lost of stolen article
Lost or Stolen Personal Money
☐ Claim Form
Police report – showing time and date of loss and total loss incurred within 24 hours of loss
Lost or Stolen Passport
Claim Form
Police report – showing time and date of loss and total loss incurred within 24 hours of loss
Proof of replacement cost
When scanning and sending files, please ensure to use lower resolution and smaller file sizes.
For more details on submitting claims, please refer to www.talent-trust.com/claims/