

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 C for Cancellation or Curtailment due to Medical Reasons
 Section B for Theft of Personal Effects or Loss of Baggage
 Section D for Cancellation 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	
<p><i>Please ensure the original Police Report is attached — your claim will be invalid without it.</i></p> <p><i>Please ensure the proof of replacement cost for loss of passport is attached — your claim will be invalid without it.</i></p>	
Total Claim	

Section B: Theft of Personal Effects or Loss of Baggage			
Date of Theft/Loss (dd/mm/yyyy)	Police Report Number		
Describe How Theft/Loss Occurred			
<p><i>Please ensure the original Police Report is attached — your claim will be invalid without it.</i></p> <p><i>Please ensure that the documentation of carrier's rejection of claim and proof of luggage weight is attached — your claim will be invalid without it.</i></p>			
For Theft of Personal Effects			
Stolen Effect(s)	Description	Original Cost	Replacement Cost
For Loss of Baggage - proof of luggage weight is required			
Baggage(s)	Weight(s)		
Baggage 1			
Baggage 2			
For Luggage Delay			
Purchased Essential Item(s)	Cost		

Section C: Cancellation or Curtailment Due to Medical Reasons

Name of the injured or sick person		Relationship to Insured	
Original Ticket Cost	Refunded Amount	Intended Departure Date	Actual Departure Date
Nature of Illness or Injury (if injury, please give full details including date and place)			
<p><i>Please ensure that a Medical Report from your attending physician is attached.</i></p>			

Section D: Cancellation or Curtailment Due to Other Reasons

Original Ticket Cost	Refunded Amount
Describe How Cancellation/Curtailment Occurred:	
<p><i>Not valid for delays with less than 6 hours of transit time between flights (applicable for mixed itinerary and/or budget airlines).</i></p> <p><i>Please ensure that the original invoices for expenses are attached. Please ensure that any information in support of the reasons for cancellation or curtailment are attached.</i></p>	

Payment Instructions (Bank Transfer Settlement Only)

Account Holder's Name	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)

Claim Check List

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
- New travel itinerary, including the travel cost
- Confirmation of cancellation from the airline
- Confirmation of refund or non-refund from airline

Curtailement

- 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

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/