

**This claim form is not an admission of liability. In order to ensure fast and accurate processing, kindly fill out this claim form in full. Thank you for your cooperation.**



### Policy details

Policy no.:	Policy holder/Company name:
Email address:	Phone no.:
Claimant's name:	Incident date:



### Incident Description (In case of loss of baggage or theft, police report is mandatory)

When and where was the property last seen by you? Date:	Time:	Place:
Was the incident reported to the police? Yes No	If yes, on which date?	
To which police station was it reported to? (please attach the police report)		
Is there any other insurance covering the same property? Yes No	If yes, which company:	Policy no.:
Departure date:	Departure time:	Departure airport:
Arrival date:	Arrival time:	Arrival airport:
Reason for the flight cancellation/delay:	Number of hours the flight/baggage was delayed by:	
Please provide a brief description of the incident:		



### Medical expenses

Do you have any health insurance? Yes No	If yes, which company:	Policy no.:
Type of medical emergency: Illness Accident	Claim amount:	
Type of treatment: Outpatient Inpatient Both	Have you previously suffered of the above injury/illness: Yes No	
Please provide the details of the treatment received:		



## Policy holder declaration

I declare that I have become eligible to make a claim under the terms of my policy and claim benefit accordingly. I certify that, to the best of my knowledge, the above information is true and correct.

I understand that if any information provided by me is found to be deliberately misleading or incorrect, this claim may be rejected and my Policy may be treated as invalid. In such circumstances, I also understand that I will have to repay any benefit that I have received to date and that legal action could be taken against me.

I authorise GIG to make any enquires and obtain any information they consider relevant from any doctor(s), employer(s), ex-employer(s) or elsewhere. I understand that I must provide evidence to GIG to prove my claim. I understand and give explicit consent that the sensitive health and other information I may provide about myself will be used, stored, transferred and/or disclosed by GIG, its agents and associated companies, other insurers, regulators, industry, and public bodies (including the police) and agencies to process this insurance and any other insurance, handle claims and prevent fraud. This may involve the transfer of such information to other countries.

GIG has taken steps to ensure that your information is held securely. You have the right to access your personal data held by GIG. If you believe that your personal data held by GIG is inaccurate you have the right to ask for this to be rectified.

Date:	Signature:
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If you have any question regarding this form or any other aspect of the cover, please send your enquiry to our Non Motor Claims Team at the email address [travel.claims@gig-gulf.com](mailto:travel.claims@gig-gulf.com) or by phone UAE: 800292, Bahrain: 80001060, Oman: 80070292, Qatar: 8002921.

### Gulf Insurance Group (Gulf) B.S.C. (c)

UAE: Registered in the Insurance Companies Register - Certificate no. (69) dated 22/01/2002.

Subject to the provisions of Federal Law no. (6) of 2007 concerning the establishment of Insurance Authority and Organisation of its work.

Bahrain: A company incorporated in the Kingdom of Bahrain (CR 22373) with an authorised and paid up capital of BD 15,000,000 and regulated by the Central Bank of Bahrain as a Bahraini insurance licensee.

Oman: A foreign branch of Gulf Insurance Group (Gulf) B.S.C (c), a company incorporated in the Kingdom of Bahrain and registered with the Ministry of Commerce, Industry & investment Promotion in the Sultanate of Oman under the Commercial Registration no. 1112244 and holding insurance registration no. 6 issued by the Capital Market Authority.

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