

## DOCUMENTS REQUIRED FOR TRAVEL CLAIMS

### ACCIDENTAL DEATH & DISMEMBERMENT (AD/D):

#### 1. Death Claims:

- a) Claimant's Statement (CL-39), one for each beneficiary. If a certain beneficiary is a minor, then a CL-39 will be filled in his/her name but signed by his/her guardian. Each form must be notarized by a Notary Public. These forms will be supplied by ALICO.
- b) Physician's Statement (CL-40) one per claim to be filled by the last physician who attended the late P/O and confirmed death or detailed medical report.
- c) Original death certificate.
- d) Copies of passports or I.D. cards of deceased and beneficiaries.
- e) Succession Certificate if the beneficiary on the policy is listed as "legal heirs".
- f) Guardianship Certificate / Tutorship Certificate if minors exist.
- g) Police report.
- h) Post-mortem report / Autopsy report.
- i) Exact address and telephone number of beneficiary(ies).
- j) Newspaper clipping, if any.

#### 2. Dismemberment:

- a) Claimant's Statement completed and signed by the insured and Physician's Statement completed and signed by Treating Physician.
- b) Copy of the passport showing dates of exit and entry.
- c) All original bills and receipts.
- d) Detailed medical report from Treating Physician indicating nature and date of onset of ailment / accident as well as degree of disability.
- e) X-Rays /Ct Scans/MRIs /Lab tests reports.

#### 3. Emergency Evacuation:

- a) In-Hospital claim form.
- b) Detailed medical report.
- c) Copy of the passport showing dates of exit and entry.
- d) Original bills and receipts.
- e) Police report, if any.
- f) All X-Rays/Ct Scans/MRIs.

#### 4. Accident & Sickness Medical Expenses:

- a) In-Patient / Medical Reimbursement claim form properly completed and signed by insured/Treating Physician.
- b) Detailed medical report indicating date of onset of ailment/accident.
- c) Copy of the passport showing dates of exit and entry.
- d) Original hospital bill and receipt.
- e) All original pharmacy bills and receipts of usual customary and reasonable medical expenses incurred must be submitted along with Doctor's prescription
- f) All X-Ray films / MRIs / Police report (in case of accident)

## **5. Repatriation of Remains:**

- a) Claimant's Statement (CL-39), one for each beneficiary.
- b) Physician's Statement (CL-40).
- c) Detailed medical report.
- d) Original Death Certificate.
- e) Copies of passports of deceased and beneficiaries or I.D. cards.
- f) Original bills / receipts.

## **6. Flight Delay:**

- a) Claim form completed and signed by the Insured.
- b) Confirmation from Airlines showing that scheduled flight on which the named insured is fully paid, confirmed and booked to travel is cancelled or delayed for 6 hours or more.
- c) Property Irregularity report from Airlines /Airport authorities.
- d) Itemized list along with original bills and receipts for the emergency purchases of meals, refreshments, hotel expenses and airport transfer expenses for each delay.
- e) Copy of the air ticket.
- f) Copy of the passport showing dates of exit and entry.
- g) Copy of insured's credit card.

## **7. Baggage Delay:**

- a) A Claim form completed and signed by the insured.
- b) Property Irregularity report from Airlines /Airport authorities.
- c) Non-indemnity letter from Airlines.
- d) Original bills and receipts for the cost of emergency purchases of necessary and essential replacement clothing and toiletries.
- e) Copies of the Baggage labels and tag numbers.
- f) Copy of the air ticket.
- g) Copy of the passport showing dates of exit and entry.
- h) Copy of Insured's credit card.

## **8. Baggage Loss/Damage (Checked, Control & Custody of Common Carrier):**

- a) Claim form completed and signed by the Insured.
- b) Property Irregularity/Damage report from Airlines/Airport authorities
- c) Letter from Airlines confirming that baggage was lost and that Insured was reimbursed (including the amount reimbursed) by Airlines for his/her lost baggage.
- d) Copy of the claim made to the carrier/authorized agent showing list of items lost and their prices.
- e) Copies of the Baggage labels and tag numbers.
- f) Copy of the air ticket.
- g) Copy of the passport showing dates of exit and entry.
- h) Copy of Insured's credit card.

**9. Prescription Medication:**

- a) In-Patient/Medical Reimbursement claim form properly completed and signed by Insured/Treating Physician.
- b) Detailed medical report indicating nature and date of onset of ailment / accident.
- c) All original pharmacy bills and receipts of usual /customary and reasonable medical expenses incurred along with Doctor's prescription.
- d) Copy of the passport showing dates of exit and entry.

**10 . Emergency Dental Expenses:**

- a) In-Patient/Medical Reimbursement claim form properly completed and signed by Insured/Treating Physician.
- b) Detailed medical report indicating date and nature of accident.
- c) All original pharmacy bills and receipt of usual/customary and reasonable medical expenses incurred along with Doctors's prescription.
- d) X-Ray films taken immediately after the accident and before commencement of any treatment.
- e) Copy of passport showing dates of exit and entry.

**11. Personal Liability:**

- a) In-Patient/Medical Reimbursement claim form Part "A" completed and signed by Insured.
- b) Details of the damages caused and its supporting documents.
- c) Police report.