

## FPG Travel Insurance Claim Form

Name of Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Claimant \_\_\_\_\_

Address \_\_\_\_\_

Period of Journey \_\_\_\_\_

Depart from \_\_\_\_\_ Arrive to \_\_\_\_\_

**Type of Claim**

- |   |  |
|---|--|
| <input type="checkbox"/> Accidental Death / Permanent Disablement                 | <input type="checkbox"/> Accidental Death due to Common Carrier        |
| <input type="checkbox"/> Comatose State Lump Sum Benefit (Accidental Causes Only) |  |
| <input type="checkbox"/> Medical Expenses   | <input type="checkbox"/> Emergency Medical Evacuation & Repatriation   |
| <input type="checkbox"/> Repatriation of Mortal Remains                           | <input type="checkbox"/> Emergency Travel of Family Members or Friends |
| <input type="checkbox"/> Trip Curtailment   | <input type="checkbox"/> Trip Cancellation                             |
| <input type="checkbox"/> Travel Delay   | <input type="checkbox"/> Loss or damage of Personal Baggage & Property |
| <input type="checkbox"/> Baggage Delay  | <input type="checkbox"/> Personal Liability                            |
| <input type="checkbox"/> Loss of Money & Travel Documents                         | <input type="checkbox"/> Hospital Confinement Benefit                  |
| <input type="checkbox"/> Home Rehabilitation Allowance                            | <input type="checkbox"/> Legal Assistance                              |
| <input type="checkbox"/> Bail Bond Facility                                       | <input type="checkbox"/> Hijack  |

Date, Time of Loss / Damage \_\_\_\_\_

Place of Loss / Damage \_\_\_\_\_

**To be completed for claim under section – Medical expense claim**

Describe the incident of Accident / Sickness \_\_\_\_\_

\*Please submit all Original Receipts and Doctors Report

**To be completed for claim under section Baggage and Personal effects**

Describe how the loss occurred \_\_\_\_\_

Items lost / damaged	Date of Purchase	Purchase Value	Claim

\*Please submit relevant Irregularity Report from Airline / Hotel



**To be completed for claim under Travel Delay**

Original Flight Details

Flight No. \_\_\_\_\_ Airline \_\_\_\_\_

Place of Departure \_\_\_\_\_ Destination \_\_\_\_\_

Date & Time of Departure \_\_\_\_\_

Replaced Flight Details

Flight No. \_\_\_\_\_ Airline \_\_\_\_\_

Place of Departure \_\_\_\_\_ Destination \_\_\_\_\_

Date & Time of Departure \_\_\_\_\_

Reason / Cause of Delay \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Please submit relevant Irregularity Report from Airline

**To be completed for claim under Baggage Delay**

Original Baggage Collection Details

Date, Time & Place of Collection \_\_\_\_\_

Actual Baggage Collection Details

Date, Time & Place of Collection \_\_\_\_\_

**To be completed for claim under section Trip Cancellation**

Describe how the loss occurred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Items lost / damaged	Date of Purchase	Purchase Value	Claim

\*Please submit relevant Loss Report from Hotel Management, common carrier or Police

**To be completed for claim under other sections**

Describe how the loss occurred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_