

# SAGARMATHA INSURANCE CO. LTD

"SURAKSHAN" Bhawan, Bhagwati Marg, Naxal, Kathmandu, Nepal Po Box: 12211

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## CLAIM FORM TRAVELLERS' MEDICLAIM POLICY

Specialty Assistance Services  
Johannesburg, South Africa  
Tel: +27114527272  
Fax: +27114524473

Specialty Assistance Services  
Bangkok, Thailand  
Tel: +6626453932  
Fax: +6626453732

Name of Person Claiming \_\_\_\_\_ Mr/Mrs/Miss \_\_\_\_\_  
Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Post Code/Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Day time Tel no. \_\_\_\_\_

Payee's Name (if diff. from above) \_\_\_\_\_ Mr/Mrs/Miss \_\_\_\_\_  
Payee's Address (if diff. from above) \_\_\_\_\_

### DETAILS OF CERTIFICATE

Certificate no. \_\_\_\_\_  
Travels Agent's Ref No. \_\_\_\_\_  
Date of Policy Issued \_\_\_\_\_  
Date of Trip Booked \_\_\_\_\_  
Trip Commencement Date \_\_\_\_\_  
No. of Days \_\_\_\_\_  
Schedule Date of Return \_\_\_\_\_

### Geographic Limits

UK/CI • Worldwide Excl • Worldwide Incl •  
USA/CANADA USA/CANADA  
Other Limits W/Sports • One Way Trip • Day Trip •

The insurance industry operates a number of anti-fraud measure, which include TCEWS operated by JS Travel Management and CUE operated by Insurance Database Services Ltd. All information given on this claim may be stored electronically and shared with these organisations for this purpose. If you would prefer that the information given on this form is not used you should tick this box. •

WARNING - The making of a fraudulent or knowingly increased claim is criminal offence and could make the offender liable to prosecution and invalidate the whole claim

### POLICY SECTION RELATING TO CLAIM (Tick Boxes)

Personal Accident	<input type="checkbox"/>	Loss of Deposit/Cancellation	<input type="checkbox"/>
Medical Expenses	<input type="checkbox"/>	Curtailement	<input type="checkbox"/>
Hospital Benefit	<input type="checkbox"/>	Travel Delay	<input type="checkbox"/>
Baggage, Personal Effects, Money	<input type="checkbox"/>	Travel Disruption	<input type="checkbox"/>
Personal Liability	<input type="checkbox"/>	Delayed Baggage	<input type="checkbox"/>
		Other	<input type="checkbox"/>

Date of Claim Occurrence \_\_\_\_\_ Trip Destination \_\_\_\_\_

PLEASE COMPLETE APPROPRIATE SECTION OF CLAIM FORM & READ CAREFULLY THE INSTRUCTION RELATING TO SUPPORTING DOCUMENTS REQUIRED. WHEN COMPLETED PLEASE SIGN DECLARATION

I declare to the best of my knowledge all particulars contained in this form are true. I also authorised Specialty Assistance Services to obtained any medical records or information necessary to process the claim

\_\_\_\_\_  
Signature of the Claimant

\_\_\_\_\_  
Date

