

 **1. Policy Holder details:**

Name of the Insured:		
Address:		
		P.O. Box:
Home Phone No.	Work Phone No.	Fax No.
Mobile No.	Email Address:	

 **2. Claim details:**

Type of Claim:	Date of Claim: DD / MM / YYYY
Circumstances of Claim:	

(Please continue on separate sheet if necessary)

 **3. Baggage & Personal Money:**

At what place, date & time was the property last seen by you?

Were the particulars reported to the police?	Yes / No
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If yes, provide details of when, which police station and attach the police report:

Is there any other insurance covering the same property?	Yes / No
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If yes, provide details:

Have you had any other previous losses arising from this policy or any other policy?	Yes / No
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If yes, provide details:

What steps have you taken to recover the property?

What steps have you taken to prevent a recurrence?



4. Delayed Baggage:

Number of Passengers:	Adults:	Children:
Departure Airport:	Date: DD / MM / YYYY	Time: HH : MM AM/PM
Arrival Airport:	Date: DD / MM / YYYY	Time: HH : MM AM/PM
Baggage received	Yes / No	Date: DD / MM / YYYY
Time: HH : MM AM/PM		
Details of essential items purchased with receipts:		



5. Cancellation Claim:

Date Travel Booked: DD / MM / YYYY	Date Travel Cancelled: DD / MM / YYYY	No. of persons cancelling:
Has the agent been notified?		
Total Holiday Costs:	Amount of Cancellation Charges	
Name of the person causing the cancellation and relationship to the Insured:		



6. Curtailment of Travel:

Date of Return to home country: DD / MM / YYYY
Please provide the reasons for early return:
Have you received or expecting any refund from the Airline / Travel Company?
If yes, provide details:

Basis of assessing value where property is lost stolen or totally destroyed:

The amount claimed should represent a reasonable figure with regards to the replacement costs of an equivalent article at the time of the loss less an appropriate deduction for wear, tear and depreciation.



7. Details of Property & delayed baggage: Continue on a separate sheet necessary.

Describe the Property lost, destroyed or damaged	Where and when bought	Price paid / Est. cost of Repair	Amount claimed	Depreciated / Salvage value
		Currency:		
Total				



8. Medical Expenses: Detailed medical report and medical bills should be submitted in English along with this form.

Patient's Name:	Gender: M / F	Date of Birth: DD / MM / YYYY
For reimbursement only	For hospitalization only	
Date of treatment: DD / MM / YYYY	Date of Admission: DD / MM / YYYY	Date of discharge: DD / MM / YYYY
Is treatment accident related:	Yes / No	Is it covered under another insurance policy? Yes / No
If you have answered 'Yes' to either of these questions, please give the name of the Insurance company involved.		
Claim related to (✓) Sickness <input type="checkbox"/> Accident <input type="checkbox"/>	Date of Sickness / Accident: DD / MM / YYYY	
Nature of Sickness / Accident:		
Type of treatment (✓) Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/>		
Have you previously suffered from the above or any other sickness or injury?		Yes / No
If yes, please give details with dates and particulars of treatment received:		

Declaration:

- I / We declare that all the particulars given above are to the best of my knowledge true and correct.
- I hereby consent to and authorize the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements with and to GIG Insurance. I agree that a copy of this consent shall have the validity of the original.

Date: DD / MM / YYYY

Signature of the Policy Holder:

For GIG use only:

Batch No.

Batch opening date: DD / MM / YYYY



INSTRUCTIONS

• All questions should be answered fully & accurately, and the declaration should be signed & dated.

• يجب الإجابة على جميع الأسئلة بشكل كامل ودقيق، ويجب توقيع الإعلان وتاريخه.

• Articles lost or stolen should be described first in the list in section 7 followed by the articles which have been damaged.

• يجب وصف المواد المفقودة أو المسروقة أولاً في القائمة الواردة في القسم 7 متبوعة بالمواد التي تعرضت للتلف.

• Receipts showing date, price and place of purchase of the articles set out in the list in section 7 should accompany this form.

• يجب أن ترفق بهذا النموذج الإيصالات التي توضح تاريخ وسعر ومكان شراء المواد المبينة في القائمة الواردة في القسم 7.

• Police report is mandatory in case of lost or stolen items.

• تقرير الشرطة إلزامي في حالة ضياع أو سرقة الأشياء.

The Insured must promptly take all possible steps to trace / recover the property lost and in the case of theft to discover and seek punishment for the guilty parties.

• يجب على المؤمن عليه اتخاذ جميع الخطوات الممكنة على الفور لتتبع / استعادة الممتلكات المفقودة وفي حالة السرقة لاكتشاف ومطالبة المذنبين بالعقاب.

• In case of lost baggage i.e., accidental loss of or theft of or damage to baggage, if the baggage is lost in the aircraft or at the airport, a 'property irregularity' report with the airlines' confirmation is mandatory. If the baggage is lost elsewhere, a police report with details of the lost items is sufficient. The amount payable will be the current market value, which takes into account a deduction for wear, tear & depreciation. We may, at our discretion, replace, reinstate or repair the lost or damaged baggage.

• في حالة فقدان الأمتعة، أي فقدان العرضي للأمتعة أو سرقتها أو تلفها، في حالة فقدان الأمتعة في الطائرة أو في المطار، يكون تقرير "مخالفات الممتلكات" مع تأكيد شركة الطيران إلزامياً. في حالة فقدان الأمتعة في مكان آخر، يكون تقرير الشرطة الذي يحتوي على تفاصيل العناصر المفقودة كافياً. سيكون المبلغ المستحق هو القيمة السوقية الحالية، والتي تأخذ في الاعتبار خصم التآكل والاستهلاك. يجوز لنا، وفقاً لتقديرنا، استبدال، أو إعادة أو إصلاح الأمتعة المفقودة أو التالفة.

• In case of delayed baggage, emergency replacement of clothing, medication & toiletries is covered if the baggage is temporarily lost in transit during the outward journey only and not returned to you within 12 hours. A written confirmation from the Airlines confirming the number of hours the baggage was delayed is mandatory.

• في حالة تأخر الأمتعة، يتم تغطية الاستبدال الطارئ للملابس والأدوية ومستلزمات النظافة إذا فقدت الأمتعة مؤقتاً أثناء العبور أثناء الرحلة الخارجية فقط ولم تتم إعادتها إليك في غضون 12 ساعة. يعد تأكيداً كتابياً من الخطوط الجوية يؤكد عدد ساعات تأخير الأمتعة إلزامياً.

• All medical related claims should be prior approved by GIG Medical Board.

• يجب أن تتم الموافقة المسبقة على جميع المطالبات الطبية ذات الصلة من قبل مجلس جي.إي.جي الطبي.

• Detailed original medical report with translation in English and original medical bills should be submitted along with this form.

• يجب تقديم تقرير طبي أصلي مفصل مع ترجمة باللغة الإنجليزية والفواتير الطبية الأصلية مع هذا النموذج.

• Complete Travel itinerary and copy of exit & entry stamps should be submitted in all cases.

• يجب تقديم مسار السفر الكامل ونسخة من طوابع الخروج والدخول في جميع الحالات.

Gulf Insurance Group

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