

TRAVEL INSURANCE CLAIM FORM

 Claim Reference: _____
(For internal use only)

Date Sent: _____

PLEASE ANSWER ALL RELEVANT QUESTIONS ON THE CLAIM FORM; LEAVING ITEMS BLANK, USING TICKS, DASHES AND N/A MAY RESULT IN US RETURNING THE CLAIM FORM AND/OR ASKING FURTHER QUESTIONS, THUS DELAYING THE PROCESSING OF YOUR CLAIM.

IMPORTANT INSTRUCTIONS

1. For claims processing, all necessary documents have to be submitted. The list below is indicative, depending the nature of the claim additional documents can be required in order to make a final decision.
2. Our Service level agreement determines 15 working days (from the moment all the documents are received) to give a response to the insured towards the acceptance or refusal of the claim. From that point is a matter of banking process that sometimes and depending the country, can take few days to make effective a wire transfer.
3. Submission of required documents does not guarantee approval of your claim. The submitted documents will be reviewed and evaluated, subject to the limits, terms and conditions of your existing Travel Policy.

Claimant Details

Title: Mr / Mrs / Miss / Ms / Other: _____ Home Address: _____
 Surname: _____
 Forename(s): _____
 Date of Birth: _____
 Passport No: _____ Post Code: _____
 Nationality: _____ Mobile: _____
 Telephone: _____ Email: _____

Travel Insurance Policy and Journey Details:

Policy Number: _____ Issued by (Insurance Company): _____
 Issued on: _____ Valid from: _____ to: _____

Bank Details (for Claim Reimbursement Purposes only)

Beneficiary (If different than the Insured): _____
 Bank Name: _____ Account Number: _____
 Bank Address: _____ IBAN: _____
 SWIFT CODE: _____
 BIC CODE: _____

Do you have any other Insurance Policy?

 No

 Yes

If Yes please complete the information below:

Name of the Insurance Company _____
 Address _____
 Phone Number _____
 Policy Number _____

Type of Refund

<input type="checkbox"/> Medical Expenses	<input type="checkbox"/> Delayed Luggage
<input type="checkbox"/> Emergency Dental Care	<input type="checkbox"/> Loss of Luggage
<input type="checkbox"/> Flight Delay	<input type="checkbox"/> Loss of Personal Documents
<input type="checkbox"/> Trip Cancellation	<input type="checkbox"/> Delayed Departure
<input type="checkbox"/> Curtailment	Other. Please specify: _____

Cannon General Insurance (K) Limited

t +254 (0)710600272, +254 (0)723342150, +254 (020)3966000 | e info@cannon.co.ke
 a Gateway Park, Block D, Mombasa Road, P.O. Box 30216-00100 Nairobi, Kenya
 www.cannon.co.ke

Regulated by the Insurance Regulatory Authority

TRAVEL INSURANCE CLAIM FORM

Required Documentation Checklist

For Claim processing all the referred documents in the "Compulsory Documentation" must be submitted. Incomplete requests will not be processed.

Compulsory Documentation for ALL claims

- Proof of residence in the Country where the Policy was issued
- Claim form duly completed
- Copy of Insurance Policy
- Detailed letter explaining the loss
- ORIGINAL official Receipts of ALL incurred costs
- Copy of insured's passport showing the FIRST page and the exit/entry dates from country of residence

Additional Documents required per type of claim:

Claim for MEDICAL EXPENSES / EMERGENCY DENTAL CARE

- Medical report with admission medical clinic ¹⁾
- Clinical and/or Laboratory Results
- Bank Account Information

¹⁾ Depending the complexity of the medical claim we might require the Insured to provide a second and detailed medical report.

Claim for LOSS OF PERSONAL DOCUMENTS

- Statement of Loss (Police report)
- Receipts of document replacement incurred costs

Claim for TRIP CANCELLATION or TRIP CURTAILMENT

- List of the services hired for the trip (accommodation, flights, etc...)
- Conditions and proof of cancellation of the said services
- Certificate of non-refundable costs
- The payment receipts of the hired services for the trip

Claim for DELAYED LUGGAGE

- Property Irregularity Report issued by the Carrier
- Incident Report from Client
- Original receipts for basic necessity items bought

Claim for LOST LUGGAGE

- Property Irregularity Report issued by the Carrier
- Certificate of lost luggage issued by the Carrier
- Copy of the Carrier settlement/reimbursement form
- Incident Report from Client

Claim for DELAYED FLIGHT

- Certificate Issued by the Carrier
- Copy of original travel ticket
- Copy of replacement ticket indicating the paid amount

PLEASE LIST THE PAID EXPENSES FOR WHICH YOU SEEK REIMBURSEMENT:

Date of the Invoice	Type of Service	Amount in Local Currency	Amount in EUR or USD	Status of the Invoice (paid or pending)	Payment Date

PLEASE LIST OTHER SUBMITTED DOCUMENTS:

Document 1	
Document 2	
Document 3	
Document 4	
Document 5	
Document 6	
Document 7	
Document 8	
Document 9	

Other submitted documents:

TRAVEL INSURANCE CLAIM FORM

IF ASSISTANCE IS NEEDED, THE CLIENT MUST CONTACT THE ASSISTANCE PLATFORM THROUGH:

ASSISTANCE INFORMATION

How the Insured should contact for assistance ?



WhatsApp Chat

+216 29 67 72 76

Please state your policy number when requesting assistance



By Phone:

+44 845 217 1379

Dial +11 44 845 217 1379 if calling from the USA



E-mail :

afrcosiam@mapfre.com

Please state your policy number and telephone when requesting assistance

IMPORTANT INFORMATION:

1. To be able to process your refund request, all the required documentation must be sent, along with the completed and signed form via email to refund@mapfre.com;
2. Once the reimbursement request is approved you will be required to send the original hard copies of the documents supporting the claim to:

Option 1: If the supportive documents and receipts are in electronic format, you can send them to us via email, or

Option 2: If your originals are not electronic documents, you can send the original documents to your Insurance Company.

Please Mind:

→ Original documents are essential for the payment process but we strongly recommend you keep a copy for your personal records.
→ The form does not constitute an acknowledgment of coverage, but will be used by the Insurer to analyse the claim, understanding that it may reject it in accordance with the general terms and conditions of the insurance policy.

FREQUENT ASKED QUESTIONS REGARDING THE REIMBURSEMENT PROCESS:

1- How to request a refund of the travel assistance policy?

Download the form and follow the "guide and documentation" instructions.

2- How to complete the refund form?

It is essential that you fill in all personal data correctly. If we need to contact you to resolve any questions we will need it.

- In the "List your Documentation" section write all the documentation you send.
- It is very important that you fill in the IBAN field in your Banking Details.
- It is essential that you sign the form in order to process the refund.
- Before requesting reimbursement for medical expenses, remember to request assistance through our 24/7 Medical Assistance lines 003437372898 - 00448452171379 or via WhatsApp Chat 0021629677276.

Note: Depending on the complexity of the reimbursement required, we may request additional information to make a final decision about the file.

3- Can I send a third party to notify my request?

Yes, you can send a third party to present the documentation, in order to protect your personal data, he has to provide us with an authorization signed by you.

4- Is the concurrence of different insurances possible?

Yes. If an accident occurs, the Policyholder, the Insured and / or the Beneficiary are obligated to communicate to the Company the existence of other insurance policies contracted with other Companies that can cover the claim.

5- What should I do if I am asked for additional information to a request?

Please send it as soon as possible, so that your Claim is rapidly processed.

6- In which cases is necessary the approval of the Assistance Company before engaging in any expense?

In ALL cases of travel assistance is necessary to obtain previous approval to seek assistance. Please call the emergency number to request the support of our collaborators, who will coordinate your assistance according to your policy.

7- When is the medical report necessary and who can prescribe it?

It is a compulsory element you need to provide in order to process your claim. The medical report must consist of a signature, date, symptoms, diagnose and MUST be signed by a registered doctor.

8- In which currencies can reimbursements be made?

We will refund you in the currency of your original country, if you have paid your expenses in a different currency, we will apply the exchange rate of the date of the invoice.

9- Who can I contact to make an inquiry regarding the refund process?

You can make your inquiry through 003437372898 - 00448452171379, or send an email to refund@mapfre.com

Once this Claim is fully completed please save it and send it by email to: refund@mapfre.com accompanied of all the additional documents required in page 2 of this form.