PACIS
INSURANCE COMPANY LTD
For Comfort & Peace in Life

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# TRAVEL CLAIM REPORT FORM

Insurer's Claim No. Broker Ref. No.

## IMPORTANT NOTICE

1. Please provide us with the replacement and/or repair invoices.
2. In cases of Theft Claim
   - Please report to the police and attach a police abstract report.
   - Let us know the steps taken to recover property.
   - Let us know if you suspect any persons.
3. In cases of Medical Claim
   - Please attach medical report
   - Attach receipts
4. In cases of Delayed Departure Claim
   - Please attach airline confirmation of incident medical report
   - Attach receipts for accommodation and other expenses.

Inaccurate responses will lead to delayed processing of your claim.

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## 1. INSURED

Name

Mobile No. (Main) Mobile No. (Alternative)

Residential Address

Area

Street/Road LR/Plot No.

P.O. Box Code

Town/City ID / Passport

Email

Policy Number KRA PIN

Occupation

Destination/country of travel (at time of loss)

Period of Insurance; From (DD/MM/YYYY) To (DD/MM/YYYY)

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## 2. MEDICAL EXPENSES

Date of treatment (DD/MM/YYYY) Place of treatment

Ailment & nature of treatment

Cost incurred (KShs.)

Date and time travel assistance company informed (DD/MM/YYYY) Time

Nature of instruction given by assistance company

### 3. DAMAGE/THEFT/ LOSS

Date of loss (DD/MM/YYYY) Place of Loss

Circumstances of loss

Authorities informed

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### 4. EXTRA EXPENSES

Date of loss (DD/MM/YYYY) Place of Loss

Circumstances of loss

Authorities informed

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### DECLARATION

I/We declare that to my/our knowledge that the answers and particulars given in this Claim Form are true and complete and that I/we have not withheld any material information. I/We have also read and understood that this Claim Form and Declaration shall be the basis of the Contract between me/us and PACIS Insurance Company Limited.

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### DATA PRIVACY

*I/ We willingly provide my/ our personal information in this Claim Form and consent its use as prescribed in the Pacis Insurance Data Protection Policy (The policy is available on our website* ***www.pacisinsurance.com****) and in accordance with Data Protection Act, 2019.*

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Date of Completion of Claim Form (DD/MM/YYYY)

First Name Middle Name Surname

Signature of Insured (and stamp)