



GKG TRAVEL INSURANCE CLAIM FORM

Date sent to us _____ Claim reference number (if known) _____

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.

GKG Travel Insurance is underwritten by GK General Insurance Company Limited (GK Insurance) and managed by Oojah Travel Protection (Pty) Ltd.

Please send your completed claim form and all supporting documentation to: Oojah Travel Protection, insureit@gkco.com. For assistance you may contact them on +27 11 351 4531.

CLAIMANT DETAILS

Title	Mr	Mrs	Miss	Ms	Other	Country of residence	_____
Surname	_____					Nationality	_____
First name	_____					Postal address	_____
Date of birth	_____						_____
Home telephone	_____					Postal code	_____
Work telephone	_____					ID number	_____
Mobile telephone	_____					Date of booking (trip)	_____
E-mail	_____					Departure date	_____
Policy number	_____					Return date	_____
Date policy purchased	_____					Number in party	_____

Credit card number used to purchase tickets _____

Do you or anyone else claiming have any other insurance which may cover the claim, e.g. airline, medical aid, bank/credit card insurance YES NO

If YES, please provide details below

Company name _____ Policy number _____

Have you or any person claiming under this policy made any previous claims on this type of insurance YES NO

If YES, please provide details _____

DECLARATION and AUTHORITY

- I/We hereby declare that all information, answers, and documentation given in connection with this claim are **true and correct** to the best of my/our knowledge and belief. I/We have not omitted any material information, which could affect the underwriter's judgement of the claim.
- I/We understand that the information on this form will be passed to or used by us and our appointed claims handling agent, this includes underwriting, processing, handling claims and preventing fraud.
- I/We **authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment** to furnish such records of information as may be requested by us or our claims handling agent. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.
- I/We further declare that I am/We are aware that any **misrepresentation and/or non-disclosure** in respect of information provided herein shall render my/our claim null and void.
- I/We declare that I/We have **read the policy wording**.

I have read and fully understand the declaration above (ALL persons claiming must sign)

Insured Person's Name and Surname	Date of Birth	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____



MEDICAL EMERGENCY AND RELATED EXPENSES

Documents You need to send to Us – SEND COPIES OF DOCUMENTS AND KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS

1. **Itinerary:** Original travel tickets for your booked itinerary (including tickets from/back to Jamaica).
2. **Illness:** we require a 6 months medical history from your usual GP.
3. **Illness and/or Injury:** Detailed medical report including diagnosis from the treating medical practitioner abroad.
4. **Accident/injury:** incident report/police report.
5. All original invoices/receipts for expenses incurred.
6. If claim is submitted on behalf of a deceased insured, we will require certified copies of the death certificate. If the insured passed away due to illness rather than as a result of injury, we require a medical certificate to be completed by the deceased's usual GP.

Important: please number all receipts for expenses incurred and put the number in the column headed "Receipt No." when completing the Medical Expenses section below.

Please answer ALL questions – BLOCK CAPITALS PLEASE

Date injury/illness occurred _____ Country where injury/illness occurred _____

Full description of illness or injury and details of any third party involved, including **diagnosis**

Diagnosis _____

Description _____

If you were an inpatient: Date of admission _____ Date of discharge _____

If your expenses exceeded US\$500 did you contact the medical emergency assistance company YES NO

If YES, please complete the fields below, if NO please provide a written explanation as to why this was not done

Date of first call _____ Person spoke to and reference number _____

MEDICAL AND OTHER EXPENSES (Please list all expenses and continue on a separate sheet if necessary)

Receipt number	Date	Description of item	Bill from (provider/doctor's name)	Amount	Currency	Paid Y/N	Office use

Total claimed (Rand) _____

Are you expecting to receive or are you going to submit any further accounts YES NO

If YES, please provide details _____



ALL CLAIMS RELATING TO ILLNESS (including death)

To be completed by the person that is the cause of the claim's regular treating doctor.

Please note that this information will be treated as confidential and will only be used to assess the travel insurance claim. We hereby confirm that this information is pivotal to the claim as no authorisations for payment can be issued until this report has been inspected by our own independent medical advisor.

- 1. Name and surname
(of the person that was the cause of the claim) _____
- 2. Date of departure _____
- 3. Regular doctor's name and surname _____
- 4. Doctor's Practice number _____
- 5. Patient's medical aid number _____
- 6. Diagnosis (reason for the claim) _____
- 7. Date of diagnosis _____
- 8. Date of first consultation relating to the condition _____

9. In your opinion, does the diagnosis relate directly or indirectly to a pre-existing medical condition for which the patient received either treatment or advice YES NO

10. List of chronic medications – prior to the date of departure

Condition	Date of diagnosis	Name of medication

11. List of prescribed medication – prior to date of departure (if different from chronic)

Condition	Date of diagnosis	Name of medication

12. Date and reason for last 5 consultations (prior to date of departure)

Date	Details

13. Date and details of most recent surgical procedures

Date	Details

Doctor's signature

Medical practice stamp _____
and date completed: _____

Important Notes:

A policy excess is applicable in respect of all outpatient claims. If you require us to make direct payment of the medical costs, you need to pay the policy excess before we can do so. Please contact us to arrange payment. If you have paid all costs, we will reimburse all valid claims less the excess amount. Please enclose receipts of payments made.



BAGGAGE, PASSPORT and MONEY

Documents You need to send to Us – SEND COPIES OF DOCUMENTS AND KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS

- Itinerary:** Original travel tickets for your booked itinerary (including tickets from/back to Jamaica).
- A police report**, if property was lost or stolen **other than whilst in the custody of a carrier**.
- If the claim is for property lost, stolen or damaged **whilst in the custody of a carrier**, please forward the **report issued by the carrier or their agent, written confirmation from the carrier that no payment has been issued to you**.
- Baggage delay claims only:** receipts for necessary purchases of essential clothing and toiletries and the airline’s confirmation of the incident and the date and time your luggage arrived.
- Damage claims only:** please provide an estimate for repair. If the damage is beyond repair we require written confirmation from a relevant tradesman. Please retain all damaged items as we may require them to be forwarded to our offices.
- Cash claims only:** we require pre-loss supporting documentation in the form of bank statements/currency exchange slips.
- Loss of passports:** receipts for additional travel and accommodation expenses to obtain a replacement passport.
- For all personal possession claims, please provide **pre-loss supporting documentation** in the form of receipts or bank statements showing the purchase of the items claimed for. Please also forward the manuals and guarantee documentation for any watches, cameras or other electrical goods.

Important: Please number all receipts for expenses incurred or pre-loss supporting documentation and put the number in the column headed “Ref” when completing the section below.

- Baggage loss/damage/delay by an airline/carrier: Must be reported to the airline prior to leaving the baggage area. A claim MUST be filed with the airline first.**
- Any loss not caused by a carrier/airline **MUST** be reported to the appropriate authorities **within 24 hours of the loss**.

Please answer ALL questions – BLOCK CAPITALS PLEASE

Flight number _____ Flight date _____ Airline reference _____

BAGGAGE DELAY CLAIMS ONLY

Date of arrival in resort/hotel _____ Date luggage received _____
 Time of arrival in resort/hotel (e.g. 17:00) _____ Time luggage received (e.g. 17:00) _____
 How long was your luggage delayed (hours) _____ Did you receive compensation from the carrier YES NO

LOSS, THEFT OR DAMAGE CLAIMS ONLY

Date of incident _____ Country of loss _____

Was the incident reported to the:	Date	Time	Reference
Police	_____	_____	_____
Carrier	_____	_____	_____

Detail below the **full** circumstances surrounding the incident and the precautions taken to protect your property (continue on a separate sheet if necessary)

Where were the items at the time of the loss, theft or damage? _____

Loss and Theft claims only: What action did you take to attempt to recover your property? Was the incident reported to any other authority, e.g. your tour operator, hotel, etc? Please provide a copy of their report.

Did you receive any compensation from the airline/carrier YES NO If YES, how much? _____

Important Note: This policy is an indemnity policy which will restore the situation to what it was at the time of loss. All claims for loss, theft or damage are paid **LESS** the excess amount per person.



Please provide full details of each item claimed for. For cameras and watches give make and model number. For jewellery give nature, size and type of stones, etc. Purchase receipts and valuations **must** be provided.

Ref	Description	Owner	Where purchased (country)	Date acquired	Currency	Purchase price	Office use

Total claimed

Please indicate whether any of the items are insured elsewhere (please indicate which)	YES	NO
Were valuable items on your person or locked in a safety deposit box at the time of loss	YES	NO

DETAILS OF STOLEN MONEY

Was the money on your person or locked in a safety deposit box at the time of loss	YES	NO
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Currency exchange slips or bank statements showing the withdrawal of the cash claimed must be provided.

Ref	Foreign currency	Equivalent in local currency	Office use

LOSS OF PASSPORT

Ref	Owner	Description of item	Date	Cost	Currency	Expiry date of original passport	Office use

CANCELLATION (trip cancelled by you)

Documents You need to send to Us – SEND COPIES OF DOCUMENTS AND KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS

- Itinerary:** original travel tickets for your booked itinerary (including tickets from/back to Jamaica).
- The original holiday/flight invoice (original amount paid and any refund amount due).
- A letter from the provider confirming their cancellation/refund policy and whether any amount was refunded to you.
- If cancellation is on **medical grounds**, including **death**, the medical history must be completed by the usual medical practitioner of the individual whose condition has led to the submission of the claim (refer to the Medical Section).
- If cancellation is due to **death** we require a certified copy of the death certificate.
- If this claim is being submitted as a result of an **injury** please provide a full description of the incident leading to the injury. If a third party was involved please provide their details.
- If cancellation is due to **redundancy** we require a letter from your former employer which confirms that you have been made redundant and are due to receive a payment under current legislation, the position you held and your length of service.

INSURED REASON FOR CLAIM (please tick one box only)

Death	Unexpected injury	Unexpected illness	Redundancy
Damage to home	Flight delay 12hrs+	Compulsory quarantine	Terrorist incident

Cancellation for any reason not listed above (Comprehensive Cover only)

Date policy purchased _____ Date you paid for your trip _____

Please answer ALL questions – BLOCK CAPITALS PLEASE

Date you became aware of the need to cancel your trip _____

Date you informed the airline, accommodation provider, travel agent or tour operator of the need to cancel your trip _____

The name of the person who has caused the cancellation and their Name _____
 relationship to you: Relationship _____

At the time of purchase of the policy or booking the trip, were you aware of any reason why the trip may need to be cancelled YES NO

DETAILS OF TRIP COSTS AND CANCELLATION CHARGES

Important: You must obtain a letter confirming the refund policy (even if no refund due) prior to submitting your claim to us.

Ref	Date	Description of item	Currency	Amount paid	Amount refunded	Office use
Total claimed					_____	

NAMES AND DATES OF BIRTH OF THOSE CANCELLING

Name	Date of birth



Please provide a detailed description as to the reason for cancellation (ticked above)

Important Notes:

- A policy excess is applicable in respect of all claims.
- A flight/trip cancelled by the provider is not covered by your policy. You should direct your claim to the provider involved.

CURTAILMENT
(returning home earlier than booked)

Documents You need to send to Us – SEND COPIES OF DOCUMENTS AND KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS

1. **Itinerary:** original travel tickets for your booked itinerary (including tickets from/back to Jamaica).
2. The original holiday/flight invoice (original amount paid and any refund amount due).
3. A letter from the provider confirming their cancellation/refund policy and whether any amount was refunded to you.
4. If curtailment is on **medical grounds**, including **death**, the medical history must be completed by the usual medical practitioner of the individual whose condition has led to the submission of the claim (refer to the Medical Section).
5. If curtailment is due to **death** we require a certified copy of the death certificate.
6. If this claim is being submitted as a result of an **injury** please provide a full description of the incident leading to the injury. If a third party was involved please provide their details.
7. If curtailment is due to **redundancy** we require a letter from your former employer which confirms that you have been made redundant and are due to receive a payment under current legislation, the position you held and your length of service.

INSURED REASON FOR CLAIM (please tick one box only)

Death	Unexpected injury	Unexpected illness	Redundancy
Damage to home	Flight delay 12hrs+	Compulsory quarantine	Terrorist incident

Please answer ALL questions – BLOCK CAPITALS PLEASE

Scheduled return date	Number of days booked	Actual return date	Number of days unused
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The name of the person who has caused the curtailment and their relationship to you?	Name	_____
	Relationship	_____

Was any attempt made to revalidate or use your original tickets?	YES	NO
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If NO, please provide an explanation _____

NAMES AND DATES OF BIRTH OF THOSE CURTAILING

Name	Date of birth
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Please provide a detailed description as to the reason for curtailment (ticked above)



LIST OF EXPENSES CLAIMED FOR

Important: Please number all receipts for expenses incurred and put the number in the column headed "Ref" when completing the section below.

Ref	Date	Description of item	Currency	Amount paid	Amount refunded	Office use
Total claimed						_____

Important Notes:

- A policy excess is applicable in respect of all claims.
- A flight/trip cancelled by the provider is not covered by your policy. You should direct your claim to the provider involved.

TRAVEL DELAY AND MISSED CONNECTION CLAIM FORM

Documents You need to send to Us – SEND COPIES OF DOCUMENTS AND KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS

1. **Itinerary:** original travel tickets for your booked itinerary (including tickets from/back to Jamaica).
2. **Original receipts for all expenses.**
3. A letter from the pre-booked transport company with whom you were travelling when the delay occurred, detailing the cause and length of the delay.

Please answer ALL questions – BLOCK CAPITALS PLEASE

Type of claim	Travel delay	Missed departure	Amount claimed	_____
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INSURED REASON FOR CLAIM (please tick)

Unexpected strike	Industrial action	Adverse weather conditions	Failure of air traffic control systems	Mechanical breakdown
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Scheduled departure	Date	Time	Length of delay	Hours	Minutes
_____	_____	_____	_____	_____	_____
Actual departure	Date	Time	Name of carrier	_____	_____
_____	_____	_____	_____	_____	_____
Scheduled flight number	_____	New flight number	_____	_____	_____

LIST OF EXPENSES CLAIMED FOR

Important: Please number all receipts for expenses incurred and put the number in the column headed "Receipt No." when completing the section below.

Ref	Date	Description of item	Currency	Amount paid	Office use
Total claimed					_____



PERSONAL ACCIDENT, PERSONAL LIABILITY AND LEGAL EXPENSES

Documents You need to send to Us – SEND COPIES OF DOCUMENTS AND KEEP ORIGINAL DOCUMENTS FOR YOUR RECORDS

- 1. **Itinerary:** original travel tickets for your booked itinerary (including tickets from/back to Jamaica).
- 2. Details of your regular GP and any specialists from whom you have received treatment.
- 3. If this claim is related to a pre-existing medical condition: we require a 6 months medical history from your usual GP (refer to the Medical Section).
- 3. All correspondence received from a third party.

Please answer ALL questions – BLOCK CAPITALS PLEASE

Type of claim (please tick)	Personal accident	Personal liability	Legal
Sum insured per person (refer to your schedule of benefits, on your policy certificate)	_____	_____	_____
	_____	_____	_____

Provide a fully detailed account of the incident

Third party contact details
