Massy United Insurance Ltd.

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TRAVEL CLAIM FORM

				VAT No.		
Policy (or Certific	cate) No	Branch or Agent to whom you paid your premium				
Name of Insured	i		O	ccupation		
Address			Telepone No.			
			Cell No.			
Elliali Address			AL LUGGAGE			
Name and addre	ess of owner					
	amagef loss or damage					
Circumstance o						
Date advised to	Police	Address of Po	olice Station			
If luggage or mo	ney is insured under any oth	er Policy, name and	l address of Insure	ers		
			OF LUGGAGI			
No. of	Description	When	Where	Cost Paid	Amount Claimed	
Articles	Description	Bought	Bought	O St i did	Amount Glamea	
	PERSO	ONAL ACCIDE	NT/LOSS OF	DEPOSITS		
Name of Injured			Occupation Date of birth			
	ccident &/or illness					
Date of accident			Time .	a.m./p.m.		
Nature of injury						
	ess of doctor who attended					
	ury been sustained before?					
Name and addre	ess of usual doctor					
	iod was the injured person to					

FOR CLAIMS FOR 'LOSS OF DEPOSITS' PLEASE STATE

HOTEL/ACCOM COSTS

TRANSPORT

1) Amount of Deposit								
2) Percentage returned by carrier								
Net amount claimed								
I declare that the particulars given on this	form are, to the be of my kno	owledge, true and complete.						
DateSignature of Insured								
Date	Signature of msureu							
MEDIC	CAL AND OTHER EXPEN	ISES						
Name of person concerned	Da'	te of birth						
Address								
Nature of injury or illness								
Cause of injury or illness								
Name and address of do ar who a landed								
Name and address of do or who a ended								
If the cause was illness, has the person concerned prev								
f so, when?	-							
Details of expenses claimed								
Receipts and documents supporting this claim are to be sent with this form								
declare that the particulars given on this form are, to the best of my knowledge, true and complete								
Date	Signature of Insured							