Sun General Insurance

Holiday & Travel Claim Form

/ / Policy Number

Branch or Agent to whom you paid your last premium

A. INSURED DETAILS

Mr. ○
Mrs. ○
Miss. ⊙

1. First Name | 2. Middle Name | 3. Last Name

Private Address (Street, Parish, Country)

( ) 5. Telephone | ( ) 6. Cellular | 7. E-mail Address

8. Name and address of insured person(s) in respect of whom this claim is being made.

9. Is there any other insurance in force covering this loss or expense? YES ○ NO ⊙

If yes, please state: Insurance Co.

Policy #:

10. Have you or any insured person ever sustained a loss of this nature? YES ○ NO ⊙

If yes, please state: Date

Circumstances

Insurance Co.

Amount

Please only fill in the section below that applies to your claim

A. Personal Accident Claim

Please attach medical certificates for this claim

D D / M M / Y Y Y Y
1. Date accident occurred

H H / M M AM/PM
2. Time

3. Place of accident

4. State cause of accident and nature of injuries

5. Name, address & telephone # of your doctor

6. State the dates during which you have been totally disabled from attending to your business as the sole and direct result of the accident.

D D / M M / Y Y Y Y From

D D / M M / Y Y Y Y To

7. Are you still disabled? If not, from what date were you able to attend to some part of your business?

D D / M M / Y Y Y Y From

B. Medical & Miscellaneous Express

Please attach medical certificates for this claim

1. Nature and cause of illness or injury

D D / M M / Y Y Y Y
2. Date of illness or injury

Amount claimed in respect of: a) Medical & similar expenses $

b) Additional Misc. expenses $

C. Loss of or damage to personal baggage

D D / M M / Y Y Y Y
1. Date accident occurred

H H / M M AM/PM
2. Time

3. Place of accident

4. Give full particulars of circumstances giving rise to the loss of damage. (Please retain damaged articles and indicate address at which they may be inspected).

5. State total value of baggage accompanying person(s) making a claim (including cash, cheques, travel tickets, coupons etc. $

6. If the loss or damage occurred whilst baggage was in transit or otherwise in the custody or control of others, have any steps been taken to claim against these persons? Please identify them and attached any correspondence. Please attach all correspondence with airlines.

7. If claim is in respect of articles lost or stolen, has a thorough search been made and notification sent to hotel proprietors, police or other parties who may be able to assist in their recovery? Give details.

(1) Description of baggage lost or damaged	(2) Date Purchased	(3) Replacement Cost	(4) Value before a loss of damage allowing for wear & tear	(5) Net amount claimed allowing for salvage value
	D D / M M / Y Y Y Y			
	D D / M M / Y Y Y Y			
	D D / M M / Y Y Y Y			
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	D D / M M / Y Y Y Y			
	D D / M M / Y Y Y Y			
			Total Amount claimed	

D. Loss of deposits and tour charges

D D / M M / Y Y Y Y
1. Date of event leading to claim

H H / M M AM/PM
2. Time

3. Place of event

4. Please state the reason for cancellation or curtailment of holiday

5. If caused by illness, has the insured person suffered from this before? If so, please give details:
YES ○
NO ◉

6. Amount claimed (loss of deposits and tour charges.
$ Amount of deposit
$ Less refund
$ Net amount claimed
Attach Invoices

7. If 'NIL' refund, please state why?

E. Declaration

I/We declare the particulars given on this form to Sun General Insurance are true, accurate and complete to the best of my knowledge. I/We claim this amount stated above.

Date D D / M M / Y Y Y Y

Signature of Insured _____