

Travel Insurance Claim Form

General Section

Policy holder name

Full name of claimant (if different from above)

Address ----- Post code

Email Address

I.D. card ----- Date of birth ----- DD MM
YYYY -----

Occupation of insured

Tel/Mob No. ----- Purpose of flight

Is there any other insurance in force, which also covers this loss/expense? ☐ Yes ☐ No

If yes, state which policy/insurance company:

Have you ever before claimed under a travel policy? ☐ Yes ☐ No

If yes give details:

Classic or Gold Card Holder? ☐ Classic ☐ Gold

Bank Account Holder Name:

IBAN: -----

BIC: -----

Personal Baggage

Date of loss _____ DD _____ MM _____ YYYY _____ Time

Place

State precise circumstances in which loss or damage occurred

State total value of baggage and cash of Insured person or party at the time of loss or damage

Date and time advised to police/authorities/security personnel

Details of items claimed:

Description of lost or damaged property	Date of Purchase			Cost price	Amount claimed after deduction for age, use, wear & tear	Net amount claimed
	DD	MM	YYYY			

N.B: Attach receipts, if available, to this form. (If more space is required, please use an extra sheet.)

Personal Money

Circumstance of loss

Date DD MM YYYY Time

Place

Date and time advised to police/authorities/security personnel

Amount of money lost or stolen (stating currency)

Attach a written report from police/authorities in the event of theft.

Delayed Departure & Missed Departure

Original Departure

Date DD MM YYYY Time

Flight No Destination

Reason for Delay

Did you check-in in accordance with your original itinerary? ☐ Yes ☐ No

Rescheduled Departure

Date DD MM YYYY Time

Official cancellation of flight (if applicable)

Date DD MM YYYY Time

Reason for cancellation

Cancellation/ Curtailment

Scheduled date and time of departure

Date DD MM YYYY Time

Date of cancellation/curtailment

Date DD MM YYYY

Reason for cancellation/curtailment

Amount paid in respect of travel tickets (net of taxes) and any other non-refundable expenses:

State amounts claimed and attach receipts. If non-recoverable attach any relevant booking conditions.

Date advised to Travel Agent/Tour

Date DD MM YYYY

Name of travel agent or ticket issuing office

Name of sick and injured person

Name and address of doctor giving initial treatment in respect of this illness or injury:

Name

Address

Has the person concerned ever suffered from this type of illness? ☐ Yes ☐ No

Relationship to insured

Nature of illness/injury

NB: Attach Medical Certificate.

Personal liability

Date and time of loss

Date ____ DD ____ MM ____ YYYY ____ Time

Place of incident

State circumstances of incident

Details of third parties involved (including third party legal representatives if applicable)

Name _____ Address

Tel No _____ Fax No

Email

Details of any damaged third-party property

Medical Expenses

Nature of illness/injury

Date ____ DD ____ MM ____ YYYY ____

Name & address of doctor giving initial treatment in respect of this illness or injury:

Name _____ Address

Has the person concerned ever suffered from this type of illness or injury before? ☐ Yes ☐ No

If yes, give details

If not claimant, give name, address, and relationship:

Name _____ Relationship

Address

Name and address of family doctor:

Name _____ Address

Do you have a private health insurance policy? ☐ Yes ☐ No

If yes, give details

Authorization Reference code

Hospital Benefit

Reason for admittance

Date of occurrence DD MM YYYY

Has the person concerned ever suffered from this type of illness or injury before? ☐ Yes ☐ No

If yes, give details of last occurrence

If applicable prior to your journey have you taken the necessary vaccinations/inoculations as recommended by the Health Department? ☐ Yes ☐ No

If yes, give details

Data protection

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. Jatco Insurance Brokers PCC Ltd may be required to collect further information from sub-agents, other insurance companies, insurance intermediaries or insurance associations.

Declaration

I/We declare that the statements made are true to the best of my/our knowledge and belief and fully agree with the above and hereby consent to the above treatment of my personal data.

I further authorize my Doctor or any other person who has attended me, or any hospital in which I have been treated to disclose to the Insurance any knowledge or information relating to this claim.

Customer's Signature _____ Date ____ DD ____ MM
YYYY _____

The Travel insurance policy is underwritten by Lloyd's Insurance Company S.A and distributed by Jatco Insurance Brokers PCC Ltd. Related queries and claims are to be directed to Jatco Insurance Brokers PCC Ltd. For detailed information regarding the handling, storage, and protection of your personal data, please refer to our full Privacy Policy available at [Privacy Policy](#). We encourage all claimants to review the Privacy Policy to understand our practices and procedures in managing your personal information in accordance with legal and regulatory requirements.

BNF Bank p.l.c.

Registered in Malta: C41030

 www.bnf.bank  **E-Customer Service**  **2260 1000**
 **203, Level 2, Rue D'Argens, Gżira, GŻR 1368, Malta**

