



الشركة الأهلية للتأمين س.أ.ك.  
AL AHLEIA INSURANCE CO S.A.K.

## **AL AHLEIA INSURANCE COMPANY S.A.K**

### **NBK TRAVEL SAFE – CLAIM FORM**

#### **REQUEST A CLAIM FORM.**

Welcome to the Al Ahleia Insurance Claims Department. In an effort to expedite the claim process, we have provided downloadable claim forms that you can print out, complete and mail to Al Ahleia at the address below along with the required documentation to support your claim. Please print the appropriate claim form below, and then go to our Required Documentation page to obtain a complete list of the supporting documentation needed to complete the claim process.

Please make sure that the required party fully completes and signs the claim form To download the claim forms. Please note that you will need Adobe Acrobat Reader to open the PDF file; if you do not have Adobe Acrobat Reader for viewing PDF files you can download a free copy from the adobe Web site.

Personal Accident -Death/Dismemberment.  
Trip Cancellation/ Curtailment  
Delayed Departure  
Baggage Loss/Baggage Delay  
Medical/Emergency Travel  
Legal Liability  
Emergency Medical  
Repatriation of remains

For your convenience, you can also call, fax, e-mail or write to AIC to request a claim form.

Mail: Al Ahleia Insurance Co. P.O. Box: 1602, Safat, 13017 Kuwait.

Location: Ahmed Jaber Street, Sharq, Al Ahleia Insurance Co Buildings, 8th Floor, Medical department. Telephone: 00965 22240033. Fax: 222430308, 22450298

Contact persons: Mr. Ali Nasser /Ms. Fay Shemari

Telephone: 00965 22240033 Extn 2809, 2817

E-mail: life@alahleia.com

Working Hours: 7.30 A.M till 3.00 P.M (Sun – Thu) except public/ declared holidays

#### **AIC TRAVEL INSURANCE – CLAIM FORM**

Please complete all the relevant sections and the declaration and return with the attested photo copy (on a case to case basis originals may need to be sighted) of all the documents requested to:

Mail: Al Ahleia Insurance Co, P.O. Box 1602. Safat, 13017, Kuwait.

E-mail: life@alahleia.com

Telephone: 00965 22240033. Fax: 222430308, 22450298

Contact persons: -----

Working hours: 7.30am - 3.pm. (Sun – Thu)

Location: Ahmed Jaber Street, Sharq, Kuwait, Al Ahleia Insurance company Buildings, 8th Floor, Medical department.



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### NBK TRAVEL SAFE – CLAIM FORM

#### PERSONAL ACCIDENT.

1. Full Name of the Claimant:-----
2. Full Name of the Policy holder: -----
3. Policy number & Period of Insurance:-----
4. Address for communication:-----
5. Telephone/mobile/E-mail:-----
6. Relationship : Spouse -----Child ----- Self-----
7. Policy No -----
8. Name of the Air line : -----Flight No.-----
9. Travel dates : Travel start:-----Travel end:-----
10. Travel Agent Address :-----
11. Travel Agent contact details:-----
12. Date and Place of Accident with description of Accident-----
13. Nature of injury (or official cause of death) : -----
14. Total Amount claimed: -----

#### DOCUMENTS REQUIRED:

- 1) Completed Medical report / Death Certificate./ Total Permanent Disablement certificate (The respective country Embassy or Ministry or Public Notary should attest the certificates death /PTD Certificates.)
- 2) Original Legal heir's certificate issued by the concerned Government departments/Ministry, in case of death claim. Other supporting documents as required by the Insurer.
- 3) Original Passport of the claimant
- 4) Boarding Pass
- 5) Original Insurance Policy certificate

#### **Declaration:**

I declare to the best of my knowledge that the above particulars are true.

Signature of the claimant----- Date-----Place-----



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Emergency Medical treatment: in respect of treatment expenses necessarily incurred for medical, surgical, diagnostic or remedial treatment as a result of the Insured Person falling ill or sustaining accidental bodily injury in the course of the covered trip,

**The emergency medical treatment does not include treatment for pre-existing defects, infirmity, ailments, conditions including heart ailments, renal ailments, liver ailments, cancer, stroke and other ailments for which the Insured Person is receiving medical treatment, advice or consultation at the time of effecting this insurance or at the commencement of the covered trip**

**EMERGENCY MEDICAL EXPENSES**

1. Full Name of the Claimant:-----
2. Full Name of the Policyholder: -----
3. Policy number & Period of Insurance:-----
4. Address for communication:-----
5. Telephone/mobile/E-mail:-----
6. Relationship : Spouse -----Child ----- Self-----
7. Name of the carrier/Airline: -----Carrier/Flight No.-----
8. Travel dates : Travel start:-----Travel end:-----
9. Travel Agent Address :-----
10. Travel Agent contact details:-----
11. Date and Place of Accident / or onset of illness -----
12. Nature of Accident or illness : -----
13. Period in Hospital : -----

Nature of expenditure to whom its paid/ payable Amount .Indicate if any bill is unpaid.

If any bills unpaid give name and address of the payee.

- 1)
- 2)

Total amount claimed:

**DOCUMENTS REQUIRED:**

- 1) Medical bills for the full amount of the claim. If hospital benefit is claimed a letter / Discharge report from the attending hospital confirming the date of admission and the date of discharge from the hospital is required.
- 2) Original Medical report signed by the attending physician.
- 3) In case of emergency travel expenses – travel tickets, other expense bills and vouchers.
- 4) Copy of the passport
- 5) Boarding Pass
- 6) Original Insurance Policy certificate

**\*The policy is subject to an excess of KD 30 for each and every loss and for treatment in USA and Canada the excess is KD 75 for each and every loss.**



**AL AHLEIA INSURANCE COMPANY S.A.K**  
**NBK TRAVEL SAFE – CLAIM FORM**

**Declaration:**

I declare to the best of my knowledge that the above particulars are true.

Signature ----- Date-----

**IMPORTANT:**

**ONE ASSIST will be solely responsible for all decisions on the most suitable, practical and reasonable solution to any problem. The Policy holder should not attempt to find his own solution and then expect the Al Ahleia Insurance Company, Kuwait to reimburse him, without obtaining prior authorization from ONE ASSIST.**

**IN THE EVENT OF ANY MEDICAL EMERGENCY, PLEASE CONTACT ASSISTANCE SERVICES. (HEREAFTER REFERRED TO AS “ONE ASSIST”) - AS BELOW:**

For assistance Worldwide, contact Telephone London, UK

**ONE Assist Ltd**  
1-4 Limes Court  
Hoddesdon  
Hertfordshire  
EN11 8EP

**Tel: + 44 (0) 1992 444 337 Fax: + 44 (0) 1992 708 721**

email: [ops@oneassist.com](mailto:ops@oneassist.com) web: [www.oneassist.com](http://www.oneassist.com)



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## AL AHLEIA INSURANCE COMPANY S.A.K NBK TRAVEL SAFE – CLAIM FORM

### TRIP CANCELLATION / TRIP CURTAILMENT/ DELAYED DEPARTURE

1. Name of the Claimant :-----
2. Full Name of the Policyholder: -----
3. Policy number & Period of Insurance:-----
4. Address for communication:-----
5. Telephone/mobile/E-mail:-----
6. Policy No. -----
7. Name of the Carrier/Air line : -----Carrier/Flight No.-----
8. Travel dates : Travel start:-----Travel end:-----
9. Travel Agent Address:-----
10. Travel Agent contact details:-----
11. Trip Cancellation / Trip Delay / Loss of Deposit /Flight delay -----
12. Delete as applicable - Reason \* Cancellation / \* Curtailment / Delayed departure/ -----  
-----
13. Amount claimed:-----

### DOCUMENTS REQUIRED:

- 1) Cancellation: If for medical reason – completed medical report. If other reason, please provide full Explanation and documentary evidence.
- 2) Curtailment: If due to illness or accident abroad, a letter is required from the consulting doctor confirming that it was necessary to return home. Receipts for all amounts claimed.
- 3) Delayed Departure: Written confirmation from the airline or their agents of the period of delay (in **excess of 6 hours**) and the reason for it. Police report in case of - accident, hijacking /riot/strike, Weather report, unused tickets, etc
- 4) Copy of the Passport
- 5) Boarding Pass
- 6) Original Insurance Policy certificate

Declaration:

I declare to the best of my knowledge that the above particulars are true.

Signature ----- Date-----



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# AL AHLEIA INSURANCE COMPANY S.A.K

## NBK TRAVEL SAFE – CLAIM FORM

### \*PERSONAL LEGAL LIABILITY

1. Full Name of the Claimant :-----
2. Full Name of the Policyholder: -----
3. Policy number & Period of Insurance:-----
4. Address for communication:-----
5. Telephone/mobile/E-mail:-----
6. Policy No : -----
7. Name of the carrier/airline : -----Carrier/Flight No.-----
8. Travel dates : Travel start:-----Travel end:-----
9. Travel Agent contact details:-----
10. Date and Place of incident -----
11. Nature of claim : -----
12. Full circumstances of the incident (attach a sheet if required)-----  
-----
13. Did the incidence was reported to the police/concerned authorities? YES / NO.-----
14. If YES, date and to whom reported.-----
15. Amount claimed by the claimant-----
16. Did you settle the claim? If YES :
  - a. Amount settled -----
  - b. Basis of settlement -----
  - c. Whether a discharge receipt obtained-----

### DOCUMENTS REQUIRED:

1. Full details of the circumstances of the incident.
2. Report from concerned authorities.
3. Supporting documents in regard to the amount of claim.
4. Court Judgments/documents
5. Discharge receipt if claim settled.
6. Proof of payments if any
7. Copy of the Passport
8. Boarding Pass
9. Original Insurance Policy certificate

### **Declaration:**

I declare to the best of my knowledge that the above particulars are true.

Signature ----- Date-----



**AL AHLEIA INSURANCE COMPANY S.A.K**  
**NBK TRAVEL SAFE – CLAIM FORM**

**MEDICAL CERTIFICATE**

**IN THE EVENT OF ANY MEDICAL EMERGENCY, PLEASE CONTACT ASSISTANCE SERVICES. (HEREAFTER REFERRED TO AS “ONE ASSIST”) ONE ASSIST will be solely responsible for all decisions on the most suitable, practical and reasonable solution to any problem. The Insured Person should not attempt to find his own solution and then expect the Al Ahleia Insurance Company, Kuwait to reimburse him, without obtaining prior authorization from ONE ASSIST.**

This Certificate is to be furnished at the claimant’s expense and to be completed by the usual doctor of the person who is the claimant.

1. Patient’s Name -----
2. (A) Are you this patient’s usual doctor? YES/NO (B) If Yes , for how long -----
3. Describe (A) Accidental Injuries (B) Cause of Death (C) Illness of Patient-----
4. Date medical treatment first sought for this condition:-----
5. If the patient is one of the Insured Persons canceling his journey, on what date was he/she first unfit to travel:\_\_\_\_\_
6. History of this condition or any relevant condition with dates of treatment.
7. If none, please state so:-----
8. If the patient is one of the Insured Persons canceling have you ever advised him/ her to travel YES/NO.-----  
If YES date advised: -----

Date: ----- Signature: -----

Qualification: -----

Address : -----  
-----

E- Mail-----Telephone/ mobile number-----

This certificate is required (along with respective specific forms and attachments) for the following claims

- Medical claim (Bodily injury, sickness)
- Trip cancellation / curtailment due to sickness or death
- Death claim
- Copy of the Passport of the claimant
- Boarding Pass
- Original Insurance Policy certificate



**AL AHLEIA INSURANCE COMPANY S.A.K**  
**NBK TRAVEL SAFE – CLAIM FORM**

**IN THE EVENT OF ANY MEDICAL EMERGENCY/DEATH OF INSURED PERSON, PLEASE CONTACT ASSISTANCE SERVICES (HEREAFTER REFERRED TO AS “ONE ASSIST”) FOR ASSISTANCE**

**REPATRIATION OF REMAINS.**

1. Full Name of the Claimant :-----
2. Full Name of the Policyholder: -----
3. Policy number & Period of Insurance:-----
4. Relationship : Spouse/ Child/ Legal Heirs-----
5. Policy No : -----
6. Address for communication:-----
7. Telephone/Mobile/Fax :-----
8. E- mail :-----
9. Name of the Carrier : -----Carrier No/-----
10. Travel dates : Travel start:-----Travel end:-----
11. Travel Agent contact details:-----
12. Full Name of the deceased -----
13. Civil I.D. : -----
14. Date and place of death : -----
15. Official cause of death :-----
16. Amount claimed :-----  
**(to be supported by original expense documents/bills/vouchers)**

**DOCUMENTS REQUIRED:**

1. Death Certificate (Attested by the Embassy /Ministry /Public Notary)
2. Details of expenses of preparation and air-transportation of the remains for local burial with original supporting documents.
3. Legal Heirs certificate of the claimant (Attested by the Embassy /Ministry /Public Notary)
4. Original Insurance Policy certificate

**Declaration:**

I declare to the best of my knowledge that the above particulars are true.

Signature of the claimant/Legal heir ----- Date-----



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## NBK TRAVEL SAFE – CLAIM FORM

### BAGGAGE DELAY/ BAGGAGE LOSS\* CLAIM FORM.

**IMPORTANT: PLEASE READ THIS FORM CAREFULLY. IF THIS FORM IS NOT FULLY COMPLETED AND APPROPRIATE DOCUMENTS ARE NOT PROVIDED, IT MAY DELAY THE PROCESSING OF YOUR CLAIM.**

#### **SECTION 1 – INSURED INFORMATION**

- 1-NAME OF CLAIMANT:-----
- 2-CIVIL I.D-----
- 3-NAME OF POLICY HOLDER:-----
- 4-POLICY NO:-----
- 5-ADDRESS FOR COMMUNICATION:-----
- E-MAIL: -----
- 6-GIVE NAME OF CO-INSURED/:-----
- 7-TRAVELLING COMPANION.-----
- CIVIL I.D:-----

#### **SECTION 2- TRAVEL INFORMATION**

- 1-NAME OF THE AGENCY:-----
- ADDRESS: ----- TELEPHONE:----- FAX:-----
- 2-TRAVEL AGENT’S NAME:-----
- 3-E-MAIL:-----
- 4-DESTINATIONS DEPARTURE DATE -----
- 5-RETURN DATE:-----

#### **SECTION- 3 DETAILS OF LOSS:**

- 1-DESCRIBE EXTENT & NATURE OF LOSS OR DAMAGE: (attach sheet if needed)
- 
- 2-DATE OF LOSS, DAMAGE OR DELAY-----
- 3-IF BAGGAGE DELAY, FOR HOW LONG?-----
- (Attach carrier certificate)
- 4-WHERE AND HOW DID THE LOSS OR DAMAGE OCCUR?-----
-



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5-DID LOSS OR DAMAGE OCCUR WHILE INSURED PROPERTY WAS ON OR IN THE CUSTODY OF COMMON CARRIER (I.E RAILROAD, AIRLINE, STEAMSHIP, BUS, TAXI, ETC.)?

YES /NO.----- IF YES,  
NAME OF THE CARRIER.-----

6-HAS A CLAIM BEEN FILED AGAINST CARRIER?

YES /NO. -----IF NO, THIS MUST BE DONE IMMEDIATELY.

7- DID YOU COMPLETE A REPORT AT THE TIME OF LOSS OR DAMAGE?

YES /NO. -----IF YES, PROVIDE COPY OF REPORT.

8-WERE POLICE OR OTHER AUTHORITIES NOTIFIED?-----YES/ NO.

IF YES, PROVIDE COMPLAINT REPORT .

9- IS THERE ANY OTHER INSURANCE COMPANY, WHICH WOULD COVER THIS LOSS?

YES /NO.-----

IF YES, NAME OF THE COMPANY-----

ADDRESS:-----

CITY STATE:-----

**SECTION 4 – DESCRIPTION OF ITEMS AND AMOUNT CLAIMED.**

1-Attach a separate sheet if needed DESCRIPTION OF ITEMS WITH BRAND

NAMES:-----  
-----

2-PLACE OF PURCHASE DATE OF PURCHASE :-----

3-PRICE.:-----

LESS: AMOUNT RECEIVED FROM COMMON CARRIER

4- TOTAL AMOUNT OF CLAIM:-----

**IMPORTANT: DOCUMENTATION, SUBSTANTIATING AMOUNTS CLAIMED MUST BE PROVIDED FOR THE TOTAL AMOUNT CLAIMED**

**Documents required:**

- 1) Letter/certificate from carrier regarding the loss of baggage or delay of baggage **more than 6 hours and the reason for the delay?**
- 2) Police report, if the loss has occurred on other than airline carrier (Police complaint to be lodged within **48 hours**)



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- 3) An itemized listing of all necessary essential purchases with supporting bills (Receipts as proof of payments)
- 4) Bills to be submitted to claim up to 100% of covered limit amount under the section.
- 5) Copy of the Passport, Boarding Pass, Original Insurance Policy certificate

#### **Declaration:**

I declare to the best of my knowledge that the above particulars are true.

Signature ----- Date-----

**\*The policy is subject to an excess of KD 15 for each and every loss**



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### NBK TRAVEL SAFE – CLAIM FORM

#### CLAIM DOCUMENTS

Welcome to the Al Ahleia Claims Department. Your claim is important to us, so help us to help you by providing the information requested and you will accelerate the resolution of your claim. To assist in the claim process, the following guidelines detail the information needed are to be include in the [claim form](#) to process your claim. *Insurance benefit is available to AIC Policy Holder only*

#### Required General Information

- NBK TRAVEL SAFE original Policy.
- Travel agency/Airline, name and phone number
- Travel dates
- Event date
- Typically attested photocopies (Embassy/Ministry/Notary Public) of documents are requested for. However on a case-to-case basis originals may be requested for sighting.
- Photocopy of ticket/boarding pass of the Insured Persons
- Original Bills/invoice to be submitted to claim up to 100% of covered limit amount

#### ADDITIONAL REQUIRED INFORMATION:

##### **Baggage Delay on arrival at overseas destination (In excess of 6 hours)**

###### What you should provide:

- Completed claim form with amount claimed, Signed and dated
- Letter/certificate from carrier regarding the delay and length of time your baggage was delayed.
- An itemized listing of all necessary essential purchases with supporting original bills/ invoices

##### **Baggage Loss on arrival at overseas destination**

###### What you should provide:

- Completed claim form with amount claimed, Signed and dated
- Letter/certificate from carrier regarding the loss of baggage
- Police report, if the loss has occurred on other than airline carrier (Police complaint to be lodged within 48 hours)
- An itemized listing of all necessary essential purchases with supporting original bills/invoices

**\*The policy is subject to an excess of KD 15 for each and every loss**

##### **Emergency Medical Expenses overseas /Emergency Travel\***

**IN THE EVENT OF A MEDICAL EMERGENCY CONTACT ASSISTANCE SERVICES.(HEREAFTER REFERRED TO AS “ONE ASSIST”) ONE ASSIST will be solely responsible for all decisions on the most suitable, practical and reasonable solution to any problem. The Cardholder should not attempt to find his own solution and then expect the Al Ahleia Insurance Company, Kuwait to reimburse him, without obtaining prior authorisation from ONE ASSIST.**

###### What you should provide:

- A completed claim form signed and dated
- Copy of following
  - Overseas Hospital bills, medical report signed and dated by the attending doctor/physician
  - Overseas Medical practitioner’s consultancy report/discharge report
  - Original Bills/invoices for purchase of medicines for the emergency treatment overseas as prescribed by the medical practitioner
  - Prescription copy
  - If hospital benefit is claimed a letter /discharge report confirming the date of admission and the date of discharge from the hospital is required.
- Copy of the tickets purchased, other expenses (reasonable) incurred, original bills & vouchers

**\*The policy is subject to an excess of KD 30 for each and every loss and for treatment in USA and Canada the excess is KD 75 for each and every loss.**



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## **AL AHLEIA INSURANCE COMPANY S.A.K**

### **NBK TRAVEL SAFE – CLAIM FORM**

#### **Body Repatriation (natural/accidental death in overseas country)**

What you should provide:

- A completed claim form signed and dated by the claimant (Legal heirs)
- Death Certificate (Attested by the Embassy /Ministry /Public Notary)
- Medical report Copy from medical authority in event country (the country of occurrence of death)
- Claim amount
- Details of expenses of preparation and air-transportation of the remains for local burial with original supporting documents. (Repatriation from event country to home country (based on citizenship-Passport, of the effected party), subject to maximum eligibility.

#### **Accidental Death (overseas country)**

What you should provide:

- A completed claim form signed and dated by the claimant (Legal heirs)
- Original Death certificate, Medical report copy from medical practitioner in event country or attested copy of the certificates by the Embassy /Ministry/Public Notary

#### **Personal Legal Liability in overseas country**

What you should provide:

- A completed claim form signed and dated
- Full details of the circumstances of the incident.
- Report from concerned authorities.
- Supporting documents in regard to the amount of claim, legal notice
- Court Judgments/documents
- Discharge receipt if claim is settled, after obtaining the consent of Al Ahleia Insurance Company
- Proof of payment of settlement

#### **Trip Cancellation /Trip Interruption/ Delayed Departure (in excess of 6 hours)**

What you should provide:

- A completed claim form Signed and dated
- Cancellation : If for medical reason – complete medical report. In case of the death –
- Death certificate & Medical report copy to be attached. Reports from appropriate authorities in case of other reasons.
- Original bills/invoices/Receipts for all amounts claimed.
- Interruption: If due to illness or accident abroad, a letter is required from the doctor consulted confirming that it was necessary to return home.
- Non recoverable losses, bills and payments made.
- Receipts for all amounts claimed
- Original signed certificate from the carrier, for the delayed trip cancellation/interruption mentioning the period of delay and reason to be submitted.
- 

**Delayed departure:** Police report in case of – accident, hijacking /riot/strike, Weather report, unused tickets, Proof of refunds received on the unused tickets.

Original signed certificate from the carrier, for the delayed departure mentioning the period of delay and reason to be submitted.

*(Insured person need not come personally. Documents can be sent through bearer/courier/facsimile).*