



Jubilee General Insurance Company Limited  
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### VIACARE (TRAVEL INSURANCE) CLAIM FORM

Name of Claimant / Insured: \_\_\_\_\_

POLICY NO: \_\_\_\_\_

CLAIM NO : \_\_\_\_\_

#### 1. ACCIDENTAL DEATH & PERMANENT DISABILITY

When was the illness diagnosed?

The name, address and telephone number of the medical center to which the insured visited/admitted/diagnosed with the illness?

The name, address and telephone number of the medical practitioner who attended the insured?

A brief written and signed description of the problem encountered.

#### DOCUMENTS REQUIRED:

- Original diagnosis sheet of the Doctor
- Original prescription if any medication was given.
- Original bills of all expenses incurred.
- Copy of Passport (First pages & VISA Section).
- Original airline ticket.
- Death Certificate
- Physician's statement stating cause of Death.
- Original bills/receipts of expenses incurred.

<b>2. MEDICAL EXPENSES &amp; HOSPITALIZATION ABROAD</b>	
Date and place of injury / illness	
Cause of injury / illness	
Have you suffered from similar condition before? (Yes / No)	
If yes, kindly state date of consultation:	
When was the illness diagnosed?	
Total amount you are claiming for this claim	
The name, address and telephone number of the medical center to which the insured visited/admitted/diagnosed with the illness?	
The name, address and telephone number of the medical practitioner who attended the insured?	
A brief written and signed description of the problem encountered	
<p>DOCUMENTS REQUIRED:</p> <ul style="list-style-type: none"> <li>• Original diagnosis sheet of the Doctor</li> <li>• Original prescription if any medication was given.</li> <li>• Original bills of all expenses incurred.</li> <li>• Copy of Passport (First pages &amp; VISA Section).</li> <li>• Original airline ticket.</li> <li>• Death Certificate</li> <li>• Physician's statement stating cause of Death.</li> <li>• Original bills/receipts of expenses incurred.</li> </ul>	

<b>3. LOSS OF PASSPORT</b>	
Lost Passport Number	
Issuing Country of the Passport	
Country from where the passport is lost	
Date & Time of Loss of Passport	
Has the passport been misplaced or stolen?	
DOCUMENTS REQUIRED: <ul style="list-style-type: none"> <li>• Police Report</li> <li>• Statement Narrating Circumstances of Loss</li> </ul>	
<b>4. TRIP CANCELLATION OR CURTAILMENT</b>	
REASON OF TRIP CANCELLATION OR CURTAILMENT: (Tick the relevant option) <ul style="list-style-type: none"> <li><input type="checkbox"/> Death, Bodily Injury or illness of: <ol style="list-style-type: none"> <li>1)Your</li> <li>2)Any person with whom you are traveling or have arranged to travel</li> <li>3)Any person with whom you have arranged to reside temporarily</li> <li>4)Any close relative</li> </ol> </li> <li><input type="checkbox"/> Accidental damage to your home rendering it uninhabitable</li> <li><input type="checkbox"/> Theft at your home during your Trip or the preceding 7 days</li> <li><input type="checkbox"/> Hijack of the Insured Person or of any person with whom the Insured Person intends to travel or is traveling</li> </ul>	
Booking advice showing breakdown of all trip costs	
DOCUMENTS REQUIRED: <ul style="list-style-type: none"> <li>• All mandatory documents mentioned</li> <li>• Medical certificate from a medical practitioner</li> <li>• Prior approval of our nominated Assistance Company to confirm necessity to return home due to medical reasons</li> </ul>	

<b>5. DELAYED DEPARTURE</b>	
For how long the departure is delayed	
Was it a direct flight or connecting flight?	
Airline declaration of delay departure	
DOCUMENTS REQUIRED: <ul style="list-style-type: none"> <li>• Airline declaration for delay departure</li> <li>• Original bills/receipts of emergency items purchased</li> </ul>	
<b>6. LOSS OF CHECKED-IN BAGGAGE</b>	
DOCUMENTS REQUIRED: <ul style="list-style-type: none"> <li>• Proof of Ownership of all Luggage &amp; Personal Effect</li> <li>• Loss report from Police or Relevant Authority</li> <li>• Proof of Compensation from Airline</li> <li>• Airline Tickets/Baggage Tags</li> <li>• Airline Property Irregularity Report (PIR)</li> <li>• Receipts for essential items purchased</li> <li>• Receipts for replacement items</li> </ul>	
<b><i>Copy of Passport and Ticket are mandatory and required in all cases</i></b>	

I/ We, \_\_\_\_\_, now residing \_\_\_\_\_ do hereby declare that the above is full, true and accurate statement being mine, without any design or procurement on my/ our part, by the aforesaid Loss, according to the extent and values annexed: whereof I/ We claim from Jubilee General Insurance, the sum of Rs. \_\_\_\_\_ the amount thereof.

I/ We solemnly declare that I/ We have no manner nor by any fraud nor willful misrepresentation nor non disclosure sought unjustly to benefit by the said illness and that this solemn declaration made by me/ us conscientiously believing the same to be true.

Taken & declared at \_\_\_\_\_ day of \_\_\_\_\_ in the Year 20 \_\_\_\_\_

Signature of Claimant \_\_\_\_\_

For office use only:

Claim No. \_\_\_\_\_