

## APA TRAVEL CLAIM FORM

**Please Submit Original Insurance Policy**

*The acceptance of this Form is **NOT** an admission of liability on the part of the Company.*

|  |   |                      |
|--|---|----------------------|
| Insured Person's Name                          | Telephone No.<br>Home _____<br>Office _____   | Insurance Policy No. |
| Home Address                                   | Date of Birth ____/____/____<br>Sex Male____Female____  | Occupation           |
|  | Travelling with companion(s)? Yes____ No____<br>Companion(s) is/are insured with APA? Yes____ No____<br>If yes, please provide details. |                      |
| Settlement to be made to:                      | Insured _____<br>Others, please specify _____   |                      |
| Place where incident, loss or illness occurred | Time _____  | Date _____           |
| Description of the incident loss or illness    |   |                      |

|   |  |
|---|--|
| Are there any other Policies of insurance in force covering you in respect of this event? | No _____ Yes _____ If yes, please specify: _____ |
|---|--|

**(A) PERSONAL ACCIDENT/ILLNESS - MEDICAL AND ADDITIONAL EXPENSES** (Please attach original medical receipts)

|  |  |
|--|--|
| 1. Have you ever suffered this or a similar condition or a recurrence of a previous illness or injury? | No _____ Yes _____ If yes, please specify: _____ |
| 2. State net amount claimed ( )  | In Kshs or USD _____                             |
| 3. Give name and address of your usual attending Physician   | _____  |

**(B) CANCELLATION/CURTAILMENT** (Please attach documents from carrier/travel agent)

|                                    |                                     |                |
|------------------------------------|-------------------------------------|----------------|
| When and where was holiday booked? | Intended Departure Date _____       |                |
|                                    | Date cancelled _____                |                |
| Why was trip cancelled?            | _____                               |                |
| Amount paid by you                 | Amount recovered from other sources | Amount Claimed |

**(C) LUGGAGE & PERSONAL EFFECTS** (Please furnish Police Report and original purchase receipts)

|  |
|--|
| Name of Police Station, Carrier/Airline or other authorities where Report lodged |
|--|

Give details of amount claimed

| Item | Description | When and where purchased | Original purchase price | Depreciation for wear and tear | Amount Claimed |
|------|-------------|--------------------------|-------------------------|--------------------------------|----------------|
|      |             |                          |                         |                                |                |
|      |             |                          |                         |                                |                |
|      |             |                          |                         |                                |                |
|      |             |                          |                         |                                |                |
|      |             |                          |                         |                                |                |
|      |             |                          |                         |                                |                |
|      |             |                          |                         |                                |                |

**(D) FLIGHT DELAY** (Please attach letter from Airlines/Carrier and Boarding Pass)

| Original Flight Details | Delayed Flight Details |
|-------------------------|------------------------|
| Date:                   | Date:                  |
| Time:                   | Time:                  |
| Place of Departure:     | Place of Departure:    |
| Flight No.:             | Flight No.:            |
| Name of Airline:        | Name of Airline:       |

**(E) BAGGAGE DELAY** (Please attach Boarding Pass, Baggage Irregularity Report, Baggage acknowledgement slip and any other correspondence from the Airlines)

| Flight Details      | Collection of Delay Baggage |
|---------------------|-----------------------------|
| Arrival Date:       | Date:                       |
| Arrival Time:       | Time:                       |
| Place of Departure: | Place:                      |
| Flight No.:         |                             |
| Name of Airline:    |                             |

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said claim shall make any false or fraudulent statements of suppress conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date \_\_\_\_\_ Signed here \_\_\_\_\_

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