



Dhivehi Insurance Company Pvt. Ltd.
G. Maajehige Aage, 1st Floor, Daisy Magu
Male', 20129
Republic of Maldives
☎: (960) 3007799, ☎: (960) 3017788
✉: info@dhivehiinsurance.com
🌐: www.dhivehiinsurance.com

Claim Form Travel Insurance

FOR OFFICE USE ONLY

Claim No.:

IMPORTANT NOTE

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

A. INSURED DETAILS

Policy No.	
Policyholder/Insured's Full Name	
Email	Mobile No.
Correspondence Address	
Postcode:	

B. CIRCUMSTANCES OF LOSS

Travel Period (DD MM YY)	From :	Date and Time of Loss / Accident	Date(dd/mm/yy) :
	To :		Time :
Location			
Type of Loss Accident	<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Medical and Emergency Expenses	<input type="checkbox"/> Hospital Benefits
	<input type="checkbox"/> Loss of Checked Baggage	<input type="checkbox"/> Delay of Checked Baggage	<input type="checkbox"/> Loss of Passport
	<input type="checkbox"/> Personal Liability	<input type="checkbox"/> Others _____	
Description of Loss / Accident / Nature of illness			Total Amount Claimed
Do you have other insurance covering this loss? If yes, please provide details	Insurance Company		
	Policy No.		

C. DECLARATION

I/We declare that the particulars given on this form are true and complete, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

Signature of Insured:

Date:

(If a Limited Company, give status of signatory and affix company's rubber stamp)

DOCUMENTS TO BE KEPT READY AT THE TIME OF REGISTRATION

Below is a list of minimum documents required to proceed your claim. In certain circumstances, more information may be required to substantiate the claim.

Type of Loss/ Accident	Documents Required (Please tick against the documents you have submitted.)
Basic for all types	<input type="checkbox"/> Copy of Insurance Policy <input type="checkbox"/> Proof of travel (e.g. Original boarding pass and Air tickets)
If applicable below:	
Personal Accident	<input type="checkbox"/> Medical report from the attending doctor abroad <input type="checkbox"/> Death Certificate <input type="checkbox"/> Police Report
Medical and Other Expenses	<input type="checkbox"/> Medical report from the attending doctor abroad <input type="checkbox"/> All original medical invoices and receipts <input type="checkbox"/> Admission/Discharge Report <input type="checkbox"/> Original receipts for additional expenses claimed for additional travel and accommodation <input type="checkbox"/> Regular doctor's report on medical history
Loss / Damage to Baggage	<input type="checkbox"/> Property Irregularity Report from Airline or damaged report issued by airlines, carrier, hotel manager, stated detail of loss or damage and their expense – if any <input type="checkbox"/> Documentation of carrier's settlement/rejection of claim for loss of property <input type="checkbox"/> Police report lodged at place of incident within 24 hours and detailing the circumstances and list of items stolen. <input type="checkbox"/> Purchase receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase <input type="checkbox"/> Photographs to show extent of damage and original repair invoices
Baggage Delay	<input type="checkbox"/> Delayed Baggage report from the Airline <input type="checkbox"/> A written confirmation/ delivery note from the Airline on the date and time of baggage delivery
Loss of Passport	<input type="checkbox"/> Police Report <input type="checkbox"/> A written confirmation from the concerning Authority

* If your type of claim doesn't belong to any of the above, please refer to Policy Wording and check the list of documents required for claims assessment.