

الشركة الأهلية للتأمين كش
Al Ahleia Insurance Company S.A.K

NBK TRAVEL INSURANCE 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 the required party fully completes and signs the claim form

Download the claim forms.

Please note: 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
Medical certificate
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 company Buildings, 8th Floor, Medical department

Contact persons: Mr Ali Abd Alnasser Mohammad, Ms. Fay A. Al-Shammery
Telephone: +965, 22240033 Extn. 2809, 2817
Fax: (965) 22430308- 22411330.
E-mail: Life@alahleia.com, A_Mohammad@alahleia.com, F_Alshammery@alahleia.com

Working Hours: 7.30 A.M till 3.00 P.M (Sun – Thu) except public/ declared holidays
Location: Ahmed Jaber Street, Sharq, Kuwait, Al Ahleia Insurance company Buildings, 8th Floor, Medical department

Please complete all the relevant sections & declaration of the claim form and return with the attested photo copy (On a case to case basis originals may need to be sighted) of all the documents requested.

Claims Service: All claims and correspondence relating to this Insurance should be addressed to (Al Ahleia Insurance Company). **Written notice must be given to the Al Ahleia Insurance Company, Kuwait as soon as possible of any occurrence likely to result in a claim and in any event within 45 days of completion of a covered trip. Delayed submission OF CLAIM DOCUMENTS will not be REGISTERED AND ACCEPTED.**

Al Ahleia Insurance Company S.A.K

Important notice: for emergency medical claim, 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 SAS. SAS authorization for the medical treatment is must for claiming under the insurance policy.

NBK CREDIT CARD TRAVEL INSURANCE – CLAIM FORM PERSONAL ACCIDENT.

1. Full Name of the Claimant:-----
2. Full Name of the card holder: -----
3. Civil ID/Passport Number:-----
4. Address for communication:-----
5. Telephone/mobile/E-mail:-----
6. Relationship with cardholder: Spouse -----Child ----- Self-----
7. NBK Credit Card No. on which ticket(s) purchased: Classic:-----Gold -----
Diners -----Titanium MasterCard -----
Platinum-----World MasterCard-----
Infinite: -----
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

- Completed Medical Certificate /Original Death Certificate./ Total Permanent Disablement certificate (The respective country Embassy or Ministry or Public Notary should attest the Certificates.)
- Original Legal heir’s certificate issued by the concerned Government departments/Ministry/ in case of death claim. Identification certificate of the legal heirs/ Relationship certificate
- Proof of age / Copy of passport of the deceased and cardholder

All claim forms to be supported with proof of purchase of (charge slip copy and or card statement) of tickets (minimum 75% of ticket value) of affected party on NBK - Classic /Gold/Titanium MasterCard /Diners Club/ Platinum/World MasterCard/ Infinite credit card only

Declaration:

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

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

Important notice: For emergency medical claim, 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 SAS. SAS authorization for the medical treatment is must for claiming under the insurance policy

Al Ahleia Insurance Company S.A.K

NBK CREDIT CARD TRAVEL INSURANCE – CLAIM FORM EMERGENCY MEDICAL EXPENSES

1. Full Name of the Claimant:-----
2. Full Name of the card holder: -----
3. Civil ID/Passport Number:-----
4. Address for communication:-----
5. Telephone/mobile/E-mail:-----
6. Relationship to the cardholder : Spouse -----Child ----- Self-----
7. NBK Credit Card No. on which ticket(s) purchased: Classic/Gold/Titanium MasterCard/
Diners/Platinum/ World MasterCard/Infinite:-----
8. Name of the carrier/Airline: -----Carrier/Flight No.-----
9. Travel dates : Travel start:-----Travel end:-----
10. Travel Agent Address :-----
11. Travel Agent contact details:-----
12. Date and Place of Accident / or onset of illness -----
13. Nature of Accident or illness : -----
13. Period admitted in Hospital : -----

Nature of Expenditure	To whom 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			

***Pre-existing defect, infirmity or condition for which the Cardholder is receiving regular medical treatment, advice or consultation at the time of effecting this Insurance or at the commencement of a covered trip is excluded under this insurance policy.**

DOCUMENTS REQUIRED :

- 1) Original Medical bills for the full amount of the claim/Doctors prescription. If hospital benefit is claimed / Discharge report from the attending hospital confirming the date of admission and the date of discharge from the hospital is required.
- 2) Original Medical certificate signed by the attending physician stating the medical condition/ illness/ sickness. Previous Medical History from the attending physician/Medical Doctor
- 3) In case of emergency travel expenses – travel tickets, other expense original bills and vouchers

***The policy is subject to an excess of US\$ 100 for each and every loss**

All claim forms to be supported with proof of purchase of (charge slip copy and or card statement) of tickets (minimum 75% of ticket value) of affected party on NBK - Classic /Gold/Titanium MasterCard /Diners Club/ Platinum/World MasterCard/ Infinite credit card only

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 CREDIT CARD TRAVEL INSURANCE – CLAIM FORM

TRIP CANCELLATION / TRIP CURTAILMENT/ DELAYED DEPARTURE

1. Name of the Claimant :-----
2. Full Name of the card holder:-----
3. Civil ID/Passport Number:-----
4. Address for communication:-----
5. Telephone/mobile/E-mail:-----
6. NBK Credit Card No : Classic:-----Gold-----
Titanium MasterCard-----Diners-----
Platinum-----World MasterCard-----
Infinite :-----
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/ -----

12. Amount claimed:-----

DOCUMENTS REQUIRED

- *Cancellation : If for medical reason – completed medical certificate. If other reason, please provide full Explanation and documentary evidence.
- *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.
- Delayed Departure: Written confirmation from the airline or their agents of the period of delay and the reason for it. Police report in case of - accident, hijacking /riot/strike, Weather report, unused tickets, etc

*** The policy is subject to an excess of US\$ 50 for each and every loss.**

All claim forms to be supported with proof of purchase of (charge slip copy and or card statement) of tickets (minimum 75% of ticket value) of affected party on NBK - Classic /Gold/Titanium MasterCard //Diners Club/ Platinum/World MasterCard/ Infinite credit card only

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 CREDIT CARD TRAVEL INSURANCE – CLAIM FORM *PERSONALITY LEGAL LIABILITY

1. Full Name of the Claimant :-----
2. Full Name of the card holder:-----
3. Civil ID/Passport no:-----
4. Address for communication:-----
5. Telephone/mobile/E-mail:-----
6. NBK Credit Card No : Classic:-----Gold -----
Titanium MasterCard-----Diners -----Platinum-----
World MasterCard-----Infinite:-----
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/Police report.
3. Supporting documents in regard to the amount of claim.
4. Court Judgments/Court documents
5. Discharge receipt if claim settled.
6. Proof of payments, if any

***The policy is subject to an excess of US\$ 100 for each and every loss**

All claim forms to be supported with proof of purchase of (charge slip copy and or card statement) of tickets (minimum 75% of ticket value) of affected party on NBK - Classic /Gold/Titanium MasterCard //Diners Club/ Platinum/World MasterCard/ Infinite credit card only

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 CREDIT CARD TRAVEL INSURANCE – CLAIM FORM BAGGAGE DELAY/ BAGGAGE LOSS CLAIM FORM.

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

SECTION 1 – INSURED INFORMATION				
NAME OF CLAIMANT:		CIVIL I.D:		
NAME OF CARDHOLDER:		CLASSIC	GOLD/ TITANIUM MasterCard	DINERS : PLATINUM/ WORLD MasterCard/ INFINITE
ADDRESS FOR COMMUNICATION:		CARD NO:		CARD NO:
GIVE NAME OF CO-INSURED/TRAVELLING COMPANION.		CIVIL I.D/PPNo:		E-MAIL :
SECTION 2- TRAVEL INFORMATION				
AGENCY	ADDRESS		TELEPHONE	FAX
TRAVEL AGENT'S NAME	E-MAIL			TRIP COST
DESTINATIONS:		DEPARTURE DATE		RETURN DATE
SECTION- 3 DETAILS OF LOSS				

DESCRIBE EXTENT & NATURE OF LOSS OR DAMAGE: (attach sheet if needed)

DATE OF LOSS, DAMAGE OR DELAY	IF BAGGAGE DELAY, FOR HOW LONG? (attach carrier certificate)
WHERE AND HOW DID LOSS OR DAMAGE OCCUR?	
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.
HAS A CLAIM BEEN FILED AGAINST CARRIER? YES NO. IF NO, THIS MUST BE DONE IMMEDIATELY	
DID YOU COMPLETE A REPORT AT THE TIME OF LOSS OR DAMAGE? YES NO. IF YES, PROVIDE COPY OF REPORT.	
WHERE POLICE OR OTHER AUTHORITIES NOTIFIED? YES NO. IF YES, PROVIDE COMPLAINT REPORT	
IS THERE ANY OTHER INSURANCE COMPANY, WHICH WOULD COVER THIS LOSS? YES NO. IF YES, NAME OF THE COMPANY	

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ADDRESS		CITY	STATE
SECTION 4 – DESCRIPTION OF ITEMS AND AMOUNT CLAIMED.			
DESCRIPTION OF ITEMS WITH BRAND NAMES	PLACE OF PURCHASE	DATE OF PURCHASE	PURCHASE PRICE.
LESS AMOUNT RECEIVED FROM COMMON CARRIER			
TOTAL AMOUNT OF CLAIM			
IMPORTANT. DOCUMENTATION SUBSTANTIATING AMOUNTS CLAIMED MUST BE PROVIDED TOTAL AMOUNT CLAIMED			

Documents required:

- Letter/certificate from carrier regarding the loss of baggage or delay of baggage more than 6 hours
- **Original Certificate from the public carrier regarding the delayed departure stating the period of delay and reason is to be submitted.**
- 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 emergency purchases with supporting bills (Receipts as proof of payments)
 - Original Bills to be submitted to claim up to 100% of covered limit amount under the section.
 (If bills are not submitted, claim will be settled up to 50% of maximum covered limit amount under the section at the discretion of Al Ahleia)

All claim forms to be supported with proof of purchase of (charge slip copy and or card statement) of tickets (minimum 75% of ticket value) of affected party on NBK - Classic /Gold/Titanium MasterCard //Diners Club/ Platinum/World MasterCard/ Infinite credit card only

Declaration:

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

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

NBK CREDIT CARD TRAVEL INSURANCE – CLAIM FORM

MEDICAL CERTIFICATE

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

1. Patient’s Name -----

2. Civil ID/Passport Number:-----

3. (A) Are you this patient’s usual doctor? YES/NO (B) if Yes, for how long -----

4. Describe (A) Accidental Injuries (B) Cause of Death (C) Illness of Patient-----

5. Date medical treatment first sought for this condition:-----

6. If the patient is one of the Insured Persons canceling on what date was he/she first unfit to travel:

7. History of this condition or any relevant condition with dates of treatment. If none, please so state:-----

8. If the patient is one of the Insured Persons canceling the covered trip, have you ever advised him/ her to travel - YES/NO.

If YES, date advised: -----

Date: ----- Signature & Stamp -----

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 / interruption due to sickness or death
- Death claim (Original Death Certificate to be attached)

Note: Pre-existing defect, infirmity or condition for which the Cardholder is receiving regular medical treatment, advice or consultation at the time of effecting this Insurance or at the commencement of a covered trip is excluded under this insurance policy.

Al Ahleia Insurance Company S.A.K

NBK TRAVEL INSURANCE – CLAIM FORM

REPATRIATION OF REMAINS.

1. Full Name of the Claimant :-----
2. Full Name of the card holder: -----
3. Relationship : Spouse/ Child/ Legal Heirs
4. Credit Card No : Classic:-----Gold -----
Titanium MasterCard -----Diners:----- Platinum-----
-----World MasterCard-----Infinite-----
5. Address for communication:-----
6. Telephone/Mobile/Fax :-----
7. E- mail :-----
8. Name of the Carrier : -----Carrier No./-----
9. Travel dates : Travel start:-----Travel end:-----
10. Travel Agent contact details:-----
11. Full Name of the deceased -----
12. Civil I.D./Passport no. : -----
13. Date and place of death : -----
14. Official cause of death :-----
15. Amount claimed :-----

(To be supported by original expense documents/bills/vouchers)

DOCUMENTS REQUIRED

- Death Certificate (Attested by the Embassy /Ministry /Public Notary)
- Details of expenses of preparation and air-transportation of the remains for local burial with original supporting documents.
- Supporting original bills

All claim forms to be supported with proof of purchase of (charge slip copy and or card statement) of tickets (minimum 75% of ticket value) of affected party on NBK - Classic /Gold/Titanium MasterCard /Diners Club/ Platinum/World MaterCard/Infinite credit card only

Declaration:

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

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

Al Ahleia Insurance Company S.A.K

NBK CREDIT CARD TRAVEL INSURANCE – CLAIM FORM PURCHASE PROTECTION/EXTENDED WARRANTY - *Coverage only for Infinite card holders*

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

SECTION 1 – INSURED INFORMATION			
NAME OF CLAIMANT:		CIVIL I.D:	
NAME OF CARDHOLDER:		INFINITE CARD NO:	
ADDRESS FOR COMMUNICATION:		E-MAIL :	
GIVE NAME OF CO-INSURED/TRAVELLING COMPANION.		CIVIL I.D NUMBER	
SECTION 2- TRAVEL INFORMATION			
AGENCY	ADDRESS	TELEPHONE	FAX
TRAVEL AGENT'S NAME	E-MAIL		TRIP COST
DESTINATIONS:		DEPARTURE DATE	RETURN DATE
SECTION- 3 DETAILS OF LOSS			

DESCRIBE EXTENT & NATURE OF LOSS OR DAMAGE: (attach sheet if needed)

DATE OF LOSS, DAMAGE		IF CLAIMED UNDER EXTENDED WAARANTY: PURCHASE DETAILS TO BE PROVIDED	
WHERE AND HOW DID LOSS OR DAMAGE OCCUR?			
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.	
HAS A CLAIM BEEN FILED AGAINST CARRIER? YES NO. IF NO, THIS MUST BE DONE IMMEDIATELY			
DID YOU COMPLETE A REPORT AT THE TIME OF LOSS OR DAMAGE? YES NO. IF YES, PROVIDE COPY OF REPORT.			
WHERE POLICE OR OTHER AUTHORITIES NOTIFIED? TO BE REPORTED WITHIN 48 HOURS YES NO. IF YES, PROVIDE COMPLAINT REPORT			
IS THERE ANY OTHER INSURANCE COMPANY, WHICH WOULD COVER THIS LOSS? YES NO. IF YES, NAME OF THE COMPANY			
ADDRESS		CITY	STATE

Al Ahleia Insurance Company S.A.K

SECTION 4 – DESCRIPTION OF ITEMS AND AMOUNT CLAIMED.			
DESCRIPTION OF ITEMS WITH BRAND NAMES	PLACE OF PURCHASE	DATE OF PURCHASE	PURCHASE PRICE.
LESS AMOUNT RECEIVED FROM COMMON CARRIER			
TOTAL AMOUNT OF CLAIM			
IMPORTANT. DOCUMENTATION SUBSTANTIATING AMOUNTS CLAIMED MUST BE PROVIDED			
TOTAL AMOUNT CLAIMED			

Documents required:

- Letter/certificate from carrier regarding the loss of baggage or Police report, if the loss has occurred on other than airline carrier (Police complaint to be lodged within 48 hours)
- Supporting bills (Receipts as proof of payments)
- Extended Warranty cover – proof of purchase.
- ***The policy is subject to an excess of US\$ 100 for each and every loss**

All claim forms to be supported with proof of purchase of (charge slip copy and or card statement) of tickets (minimum 75% of ticket value) of affected party on NBK Infinite credit card only

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 CREDIT CARDS TRAVEL INSURANCE – CLAIM FORM LOST OR STOLEN PERSONAL MONEY /TRAVEL TICKETS/DOCUMENTS/ PASSPORT / KEYS –coverage only for NBK infinite card holders

- 1) Full Name of the Claimant :-----
- 2) Full Name of the card holder:-----
--
- 3) Address for communication:-----
- 4) Telephone/mobile/E-mail:-----
- 5) NBK Credit Card No : Infinite:-----
- 6) Name of the carrier/airline :-----Carrier/Flight No.-----
- 7) Travel dates : Travel start:-----Travel end:-----
- 8) Travel Agent contact details:-----
- 9) Date and Place of incident :-----
- 10) Nature of claim :-----
- 11) Full circumstances of the incident (attach a sheet if required)-----

- 12) Did the incidence was reported to the police/concerned authorities? YES / NO.-----
- 13) Passport number/date of issue/issued at/ Validity-----
- 14) Amount claimed by the claimant-----
 - d. Amount settled -----
 - e. Basis of settlement -----
 - f. Receipt for repair/replacement amount-----

DOCUMENTS REQUIRED:

- 1.Full details of the circumstances of the incident. Completed claim form
- 2.Report from concerned authorities. Police Complaint to be lodged within **48 hours** of the incident.
- 3.Supporting documents in regard to the amount of claim.
- 4.Proof of payments, if any.
5. Property Irregularity Report from the airline must be obtained

***The policy is subject to an excess of US\$ 50 for each and every loss**

All claim forms to be supported with proof of purchase of (charge slip copy and or card statement) of tickets (minimum 75% of ticket value) of affected party on NBK - Infinite credit card only

Declaration:

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

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

Al Ahleia Insurance Company S.A.K

CLAIM DOCUMENTS:

Welcome to the Al Ahleia Claims Department. Your claim is important to us, so help us help you! By providing the information requested you will accelerate the resolution of your claim. To assist in the claim process, the following guidelines detail the information needed to include with the [claim form](#) to process your claim.

Insurance benefit is currently available to NBK Infinite, World MasterCard, Platinum, Gold, Titanium MasterCard, Diners Club and Classic members only.

Required General Information

- NBK Credit Card number (/Classic/ Gold/Titanium MasterCard /Diners/Platinum/World MasterCard/Visa Infinite) on which travel ticket was purchased for the insured travel.
- Travel agency/Airline, name and phone number
- Proof of purchase of ticket for effected party on NBK credit card (self/spouse(s)/children)
 - Copy of charge slip
 - NBK card statement reflecting purchase of travel ticket
- 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 insured (s)

Additional Required Information:

- **Baggage Delay /Baggage Loss**
- Trip Cancellation/interruption /delayed departure (includes tickets purchased for cruises and train tickets purchased overseas by NBK credit cards)
- Emergency medical treatment
- Accidental Death /Body Repatriation
- Personal legal liability
- Lost or stolen personal money /travel tickets/ passport / keys

IMPORTANT:

IN THE EVENT OF A SERIOUS MEDICAL EMERGENCY CONTACT SPECIALTY ASSISTANT SERVICES. (HEREAFTER REFERRED TO AS "SAS") AS BELOW:

Please quote the following Reference Policy Number: B0750RNMFP1106492 of RFIB to SAS

"SAS" Office Location	Telephone	Facsimile
London UK	44 207 939 9645	44 207 407 9206
Philadelphia USA	1 215 489 3785	1 215 489 8525
Johannesburg, South Africa	27 11 452 7272	27 11 452 4473
Bangkok, Thailand	66 2 645 3932	66 2 645 3732

Important notice: For emergency medical claim, 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 SAS.

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Baggage Delay on arrival at overseas destination (only 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 emergency purchases with supporting bills
 - Original Bills to be submitted to claim up to 100% of covered limit amount

(If bills are not submitted, claim may be settled up to 50% of maximum covered limit amount under the section at the discretion of the insurer)

Baggage Loss on arrival at overseas destination

What you should provide:

- Completed claim form with amount claimed, Signed and dated
- Original 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 emergency purchases with supporting bills
 - Bills to be submitted to claim up to 100% of covered limit amount

(If bills are not submitted, claim will be settled up to 50% of maximum covered limit amount under the section at the discretion of the insurer)

Emergency medical treatment overseas /Emergency travel

What you should provide:

- A completed claim form signed and dated
- Copy of following
 - Overseas Hospital bills, original medical certificate signed and dated by the attending medical doctor/physician
 - Overseas Medical practitioner's consultancy report/discharge report
 - Original Bills 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, bills & vouchers

Pre-existing defect, infirmity or condition for which the Cardholder is receiving regular medical treatment, advice or consultation at the time of effecting this Insurance or at the commencement of a covered trip is excluded under this insurance policy.

*The policy is subject to an excess of US\$ 100 for each and every loss

Al Ahleia Insurance Company S.A.K

Body Repatriation (natural/accidental death in overseas country)

What you should provide:

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

Personal legal liability at 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.
 - Court Judgements/documents
 - Discharge receipt if claim is settled
 - Proof of payment of settlement

The policy is subject to an excess of US\$ 100 for each and every loss

***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 certificate. In case of the death – Death certificate & Medical certificate copy to be attached. Reports from appropriate authorities in case of other reasons. 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. Receipts for all amounts claimed.
- Delayed departure: Police report in case of –_accident, hijacking /riot/strike, Weather report, unused tickets, proof of refunds received on the unused tickets. **Certificate from carrier regarding the delayed departure stating the period of delay and reason is to be submitted.**

*** The policy is subject to an excess of US\$ 50 for each and every loss**

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****LOST OR STOLEN PERSONAL MONEY /TRAVEL TICKETS/DOCUMENTS/PASSPORT/KEYS – coverage only for NBK Infinite card holders***

- Full details of the circumstances of the incident. Completed signed claim form
 - Report from concerned authorities. Police Complaint to be lodged within **48 hours** of the incident.
 - Supporting documents in regard to the amount of claim.
 - Proof of payments, if any.
 - Property Irregularity Report from the airline must be obtained
- *The policy is subject to an excess of US\$ 50 for each and every loss***

*** PURCHASE PROTECTION/EXTENDED WARRANTY - *Coverage only for Infinite card holders***

Documents required:

- Letter/certificate from carrier regarding the loss of baggage or Police report, if the loss has occurred on other than airline carrier (Police complaint to be lodged **within 48 hours** and report obtained)
 - Supporting original bills (Receipts as proof of payments)
 - Extended Warranty cover – proof of purchase.
- *The policy is subject to an excess of US\$ 100 for each and every loss***