



**PT ASURANSI DAYIN MITRA Tbk**  
General Insurance

Wisma Hayam Wuruk, 7<sup>th</sup>  
Jl. Hayam Wuruk No. 8  
Jakarta 10120  
P. (62-21) 8086 8888 (Hunting)  
F. (62-21) 345 4345 (Marketing)  
350 0862 (Claim)

## Travel Mate Claim Form

Policy No :

### I. Insured

Name :	Occupation :
Age :                      Sex :	Name & Address of Company :
Address :	
Telephone :	Telephone :

### Claimant (Not necessary if the Claimant is the Same As the Insured)

Name :
Age :                      Sex :
Relationship with Insured :

### II. Details of Loss

Type of Loss :	Please Circle
1. personal Accident	7. Flight Delay
2. Medical Expenses	8. Hijack
3. Evacuation Expense	9. Baggage Delay
4. Repatriation Expenses	10. Baggage Loss
5. Trip Cancellation	11. Personal Liability
6. Trip Curtailment	
Date & Time of loss :	Place :
Circumstances :	

### III. Nature & Condition of Injury or Sickness :

Accident / Sickness	Amount Claimed
Have You had any Prior Treatment for this Condition :	Doctor Fee :
No:            Yes :            When :	Medicine :
Name & Address of Hospital or Doctor :	Other :
Name & Address of Your Usual Attending Physician :	Total :

### This Section is to be Completed by Attending Physician Only

Diagnosis :	Date :
When Patient's Symptom First Appeared :	Sign & Stamp :
When Patient First Consulted You for this Condition :	
Describe any Other Disease or Infirmary Affecting Present Condition :	

### IV Baggage / Personal Effects

Damaged Item :	Quantity :	Date Purchased :	Place Purchased :	Actual Cost :
			Total :	

**V. Flight Delay & Baggage Delay**

Scheduled Arrival Place, Date & Time :	Actual Arrival Place, date & Time :
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**VI Curtailment Expenses & Trip Cancellation**

When & Where Was Holiday Booked :	Date of Return / Cancellation :
(Intended) Departure Date :	Amount Paid In Advance :
Why was Trip Curtailed / Cancelled :	Amount Recoverable :
Amount Paid In Advance :	Amount Claimed :

**VII. Personal Liability**

<b>Property Damage</b>	<b>Bodily Injury</b>
Name of Owner :	Name of patient :
Address : Telephone :	Address : Telephone :
kind of Property & Extent of Damage :	Hospital or Doctor, Address & Telephone :
Amount Claimed :	Nature of Injury :

**VIII Other Information**

State the amount of reimbursement that have been or can be received from other parties such as airlines, hotels, other insurance or third parties

**Important Notice**

For claim under any Coverage, Please Submit this Claim Form together with any Related Document Including but Not Limited to the Following :

- 1, Police report, Medical Report, and/or Death Certificate & Visum-Et-Repertum (if Applicable)
- 2, All Original Invoice and Medical Report/Record
- 3, Family Card, Medical Certificate & Death Certificate if Applicable, Original purchase Invoices & Proofs of Refund Received
- 4, Original air Tickets & Boarding Pass, Written Statement from Airline
- 5, Police Report, Property Irregularity Report from Airline or Statement from Hotel Management, and All Original Previous Purchase
- 6, Property Irregularity Report from Airline with Date & Time of Delivery of Baggage, and All Original Invoices of Emergency Purchase
- 7, Statement from Airline Company & Local Authority of Hijacking Incident
8. All Correspondence & Record Related to the Incident

I Declare that all foregoing information given by me in this form all its attachments are true and correct to the best of my knowledge. I further agree that if I have made or in any further declaration in respect of the said claim shall make any false or fraudulent statement or 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, or other person who has attended or examined me to furnish to PT. Asuransi Dayin Mitra Tbk, or its authorized representatives, 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 photo statics copy of this authorization shall be considered as effective and valid as the original.

Date: