



### Curtailment Claim Details

Please list all persons canceling this journey and advise their relationship to the person to whom the medical certificate applies ( please continue on a separate sheet, if necessary ) :

| Name  | Relationship | Age   |
|-------|--------------|-------|
| _____ | _____        | _____ |
| _____ | _____        | _____ |
| _____ | _____        | _____ |
| _____ | _____        | _____ |

Why was it necessary for you to curtail your journey ? \_\_\_\_\_

Were you accompanied on your return ?  Yes  No

If YES, by whom ? \_\_\_\_\_

Have you, or any one on your behalf, paid any sums in connection with this issue ?  Yes  No

If YES, please mention the companion name? \_\_\_\_\_

If curtailment was due to death/illness in KSA, please state the name of the person and their relationship to Employee :

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

(Note: we will require a medical certificate/letter from the treating doctor confirming the full history of the condition which gave rise to the curtailment).

### Other Insurance & Previous Loss Details

Please give details of any previous private medical insurance claims, together with details of travel claims made:

\_\_\_\_\_

\_\_\_\_\_

Is this loss covered by any other insurance ?  Yes  No

If YES, please give details : \_\_\_\_\_

\_\_\_\_\_

### Emergency Travel Expenses Claim Details

| Date | Description | To whom payable/paid ? | Currency Amount | Rate of Exchange | Bill Paid ? YES/NO | Office use only |
|------|-------------|------------------------|-----------------|------------------|--------------------|-----------------|
|      |             |                        |                 |                  |                    |                 |
|      |             |                        |                 |                  |                    |                 |
|      |             |                        |                 |                  |                    |                 |

### Settlement Details

To whom should any payment(s) amount be payable ? \_\_\_\_\_

### Declaration

Tawuniya & its agents share information to prevent fraud & for underwriting purposes. This document, information supplied when taking out the Policy & relevant facts form the basis of your claim & may be shared or used for audit purposes. I/We understand that Tawuniya may seek information from other organizations to check that the information provided is truthful. I/We declare that to the best of my/our knowledge & belief that all the information I/we have given is correct.

Signature of Claimant : \_\_\_\_\_ Date : \_\_\_\_\_