



Customer Unique Identification Number:

Date of Issue : \_\_/\_\_/\_\_\_\_ Valid Through: \_\_/\_\_/\_\_\_\_

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**3. Journey Details:**

Itinerary : Period: Place(s) visited:

Departure : Date: \_\_/\_\_/\_\_\_\_ Time: \_\_\_\_\_AM/PM Flight  
No: \_\_\_\_\_ Airport: \_\_\_\_\_

Destination : Airport: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_ Time: \_\_\_\_\_AM/PM

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**4. Claim Details:**

a. **Nature of Claim:** (Please tick whichever is applicable)

Economy airfare for the insured person in the event of accidental death, in the home country of the Insured Person, of a Parent, Spouse or a Dependant(s) of the Insured Person

Economy airfare for one (1) Close Relative to fly to UAE from home country in the event of in-patient hospitalisation of Insured Person due to an accident for more than 15 days consecutive days

Date of Event : \_\_/\_\_/\_\_\_\_

Description of Event :  
(Please use separate sheet if required)

**b. Amount Claimed:**

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**Other Insurances:**

a. Do you have any other travel Insurance taken separately or provided by any Credit Card or any other source?

If yes, please provide the full details:

b. Have you lodged any claim with other Insurers or providers of travel insurance benefit?

If yes, please provide the full details:

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**5. Authorisation Declarations and Documentation:**

**Authorisation:** I hereby authorise any physician, hospital, insurer, Medical Information Bureau or other Organization or person to provide any records, data or information holding on my behalf as may be requested by Union Insurance Company or their duly authorised representative. I understand that in executing this authorization, I waive the right for such information to be privileged. A photocopy of this authorization shall be considered as effective and valid as the original.

**Declaration:** I hereby declare that the information provided hereunder is true & correct and understand that any wrong information provided is likely to render my claim paid / payable void & recoverable from me.

**Documentation:** I confirm that the documents ticked below are enclosed herewith. Further I declare that the documents are true copies of the originals, which are available with me for verification.

DATE: \_\_/\_\_/\_\_\_\_

Signed: \_\_\_\_\_

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**6. Enclosures: (Submit documents as may be applicable)**

a.) Economy Air Fare for Insured Person Travel to Home Country for death of Parent/ Spouse / Dependents:

1. Claim form
2. The original death certificate issued by a competent authority in the country of death is submitted initially and if the Company deems necessary, for a reasonable cause, to get it attested by the UAE Embassy of the country where death took place and subsequently attested by the Ministry of Foreign Affairs in UAE In such case, the time taken for attestation shall not be counted as delay for the purpose of the claim proceedings and the cost for the attestation will be reimbursed by the Company along with claim settlement
3. Passport Copy or any valid identity proof document to verify the age of deceased.
4. Wherever legally possible, a Post Mortem Report will be required, along with a Police Report of Death was due to an Accident.
5. A detailed Medical Report is to be submitted if the actual cause of Death is not clearly mentioned on the Death Certificate.
6. Copy of Insured Person's passport with valid residence visa page
7. A clear and valid Actual Air Ticket bills as may be required
8. Any other documents as may be required to substantiate the claim.

b.) Economy Air Fare for Close Relative to fly to UAE due to hospitalization of Insured Person:

1. Claim form
2. Police Report on the Accident that originated the Claim (if required by us) (where legally required)
3. Medical Report including a detailed diagnosis with cause of such hospital confinement and duration of stay as in-patient in hospital
4. Discharge Summary
5. Copy of Insured Person's passport with valid residence visa page
6. Any other documents as may be required to establish the cause of hospitalization
7. Close Relative's valid passport copy or any other form of official identification that details his/her: name, date of birth, father's name and relation to the Insured person
8. A clear and valid Actual Air Ticket bills as may be required
9. Any other documents as may be required to substantiate the claim .

The following conditions apply to this policy:

1. The Company may, if need be, insist on the above documents to be provided in original for verification.
2. The Insured Person must give us all the documents needed to deal with any claim. All associated costs for attestation of Death Certificate, if requested by the Company and courier shall be reimbursed by the Company along with the admissible claim settlement amount.
3. We may refuse to reimburse you for any expenses for which you cannot provide receipts, bills or any claim supporting documents deemed necessary to process the claim.
4. If any claim is covered by any other insurance, we will not pay for more than our share of that claim.
5. We can, at any time, do the following: Take over the defense or settlement of any claim. Try to recover expenses or compensation from any other third party at any time in your name or in the name of anyone else claiming under this policy. Reserve the right to access any of your current or prior medical records in order to finalize and/or proceed with the assessment of a claim and/or render medical assistance. By virtue of this clause, the Insured Person shall be deemed to have given us written consent to access any of his/her current or prior medical records. Additionally any items which become the subject of a claim for damage must be retained for our inspection and shall be forwarded to our Agents upon request at your or your legal personal representative's expense. All such items shall become our property following final settlement of the claim.