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Reg. No. 1973/008933/06

Ace Insurance is a registered Financial Service  
 Provider FSB 00060/01 FAIS 27176

## ACE Insurance Limited

### NON MEDICAL TRAVEL CLAIM FORM

- PLEASE USE BLACK INK AND BLOCK CAPITALS
- PLEASE RETURN THE COMPLETED CLAIM FORM TOGETHER WITH ANY ENCLOSURES TO YOUR INSURANCE BROKER OR TO ACE AT THE ADDRESS SHOWN.
- THE COMPLETION AND/OR SUBMISSION OF THIS CLAIM FORM TO US DOES NOT CONSTITUTE AN ADMISSION OF YOUR CLAIM BY ACE INSURANCE LIMITED SOUTH AFRICA

<b>PLEASE ENSURE (√)</b>	
You fully complete <u>every</u> question contained in this claim form	<input type="checkbox"/>
You have enclosed all requested information/documentation. If not, please ensure that any documentation to follow the submission of this claim, has the policy number written in the top right hand corner.	<input type="checkbox"/>
<b>PLEASE ATTACH TO THIS CLAIM FORM, OR FORWARD AS SOON AS THEY ARE AVAILABLE, COPIES OF THE FOLLOWING DOCUMENTS:</b>	
<ul style="list-style-type: none"> <li>• Copy of your air ticket(s)</li> <li>• Identity document of the Policyholder and or claimant</li> <li>• For air carrier loss / theft/ damage – a property irregularity report from the air carrier</li> <li>• For air carrier loss / theft/ damage – the settlement advice from the air carrier</li> <li>• For airline delays – a letter from the airline confirming reason, date and duration of the delay</li> <li>• For other loss / theft – a police report from the country where the loss / theft occurred</li> </ul>	
You or your legal representative has signed the claim form	<input type="checkbox"/>

### 1. PERSONAL DETAILS - To be completed by the Policyholder

Name of Policy:			
Certificate/Policy Number:			
Full Name of Policy Holder:			Title:
Name of Claimant:			
Name of Employer:			
Name of Airline:			
How did you pay for your Air ticket?	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		
	Bank:		Card number:
Travel Dates:	Departure:		Return:
	Country of Departure:		Country of Destination:
Date of Birth:		ID No:	
Physical Address:			
Tel. no (Business):			Tel No (Home):
Fax. No:			Mobile No:
E-mail:			

## 2. DETAILS OF LOSS – Please tick the Relevant Section being claimed for. This section to be completed by the Policyholder

Baggage Loss	Baggage Delay	Travel Delay	Travel Cancellation /Curtailment	Personal Liability	Loss of Personal Belongings	Damage to Personal Property	Other
Date on which loss occurred or was discovered:							
Country in which loss occurred or discovered?							
If Baggage or Travel delay, how long was the delay?							
Country in which delay was experienced?							
Was the loss reported to the airline or airport official?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Date that the Loss was reported to the airline:							
Was a reference number provided?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Please provide the reference number :							
Was compensation received from the airline?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If yes, please state amount?							
If not reported please provide reason:							
For loss of tangible property, are you the sole owner of the goods?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If no, please provide details of the owner:							
Are you claiming from your Short Term All Risk Insurer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If Yes, name of Insurer:							
Policy Number:							

## 3. DETAILS OF ITEMS BEING CLAIMED FOR

Description of Missing Articles	Purchased or Acquired From?	Replacement Price	Deduction For Age, Usage, Wear & Tear	Sum Claimed For Present Value
Please provide receipts for the replacement of items exceeding the value of R500.00				

## 4. AUTHORISATION

PLEASE NOTE THAT THIS CLAIM FORM WILL ONLY BE ACCEPTED IF THIS DECLARATION HAS BEEN SIGNED BY THE POLICYHOLDER, CLAIMANT OR AUTHORISED PERSON.

I \_\_\_\_\_ hereby declare and warrant that the information provided in this claim form is in every respect complete, correct and true and that the signing of this claim form constitutes written authority for ACE Insurance Limited to inspect or investigate any records or details relevant to this claim. I/We further declare that any misrepresentation and or non-disclosure in respect of the information provided shall render the claim null and void.

Signed by the claimant or his/her legal representative on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature: \_\_\_\_\_