

NBK TRAVEL INSURANCE CLAIM FORM

REQUEST A CLAIM FORM.

Welcome to the Boubyan Takaful 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 Boubyan Takaful Insurance Co 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 BTIC to request a claim form.

Mail: Boubyan Takaful Insurance Co. P.O. Box: 29052, Safat, 13151 Kuwait.

Location: Fahad Al Salem Street, Kuwait City, Panasonic Tower, 10th Floor, Fire and General Accident department.

Telephone: 00965 2232 5950. Fax: 2241 5942

- Dr. Wasam Fawzi Al Asst. Manager. Telephone: 2232 5942
To: E-mail: w.alsayed@BOUBYANTAKAFUL.COM; info@BOUBYANTAKAFUL.COM
- Mr. Zubair Bawazir, claims officer. Telephone: 2232 5923
To: E-mail: Z.bawazir@BOUBYANTAKAFUL.COM; info@BOUBYANTAKAFUL.COM
- Mr. .Rashid Sadiq Sr. Underwriter officer. Telephone: 2232 5926
To: E-mail: M.Rashid@BOUBYANTAKAFUL.COM
- Eng. Sherif Samir Kholafa – Assistant CEO – Non Motor Claims 2232 5965
CC: Email: S.kholafa@BOUBYANTAKAFUL.COM

Working Hours: 7.30 A.M till 3.00 P.M (Sun – Thu) except public/ declared holidays

Location: Fahad Al Salem Street, Kuwait City, Panasonic Tower, 10th Floor, Fire and General Accident department.

Telephone: 00965 2232 5950. Fax: 2241 5942

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 (*Boubyan Takaful Insurance Company*). Written notice must be given to the Boubyan Takaful 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 will be not be accepted.**

Important notice: for emergency medical claim, the Cardholder should not attempt to find his own solution and then expect the Boubyan Takaful Insurance Company, Kuwait to reimburse him, without obtaining prior authorisation from INTANA.

**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. Credit Card No. on which ticket(s) purchased: Classic:-----Gold -----
-----Diners -----Titanium Master Card -----
Platinum-----
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 / 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

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 Master Card /Diners Club/ Platinum/ 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 Boubyan Insurance Company, Kuwait to reimburse him, without obtaining prior authorisation from INTANA.

NBK TRAVEL INSURANCE – CLAIM FORM 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 : Spouse -----Child ----- Self-----
7. Credit Card No. on which ticket(s) purchased: Classic-----Gold -----Titanium
MasterCard-----Diners -----
Platinum-----
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 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			

DOCUMENTS REQUIRED

- 1) Medical bills for the full amount of the claim. If hospital benefit is claimed a letter / 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.
- 3) In case of emergency travel expenses – travel tickets, other expense 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 Master Card /Diners Club/ Platinum - credit card only

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

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

NBK 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. Credit Card No : Classic:-----Gold-----
Diners----- Titanium MasterCard-----
Platinum-----
- 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 Master Card //Diners Club/ Platinum - credit card only

Declaration:

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

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

NBK TRAVEL INSURANCE – CLAIM FORM
***PERSONAL 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. Credit Card No : Classic:-----Gold-----
Titanium Master card-----Diners-----
Platinum-----
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. Was the incident 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 Judgements/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 Master Card //Diners Club/ Platinum - credit card only

Declaration:

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

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

NBK 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	DINERS: PLATINUM/
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.)?		IF YES, NAME OF THE CARRIER.	
YES <input type="checkbox"/> NO. <input type="checkbox"/>			
HAS A CLAIM BEEN FILED AGAINST CARRIER?			
YES <input type="checkbox"/> NO. <input type="checkbox"/> IF NO, THIS MUST BE DONE IMMEDIATELY			
DID YOU COMPLETE A REPORT AT THE TIME OF LOSS OR DAMAGE?			
YES <input type="checkbox"/> NO. <input type="checkbox"/> IF YES, PROVIDE COPY OF REPORT.			
WHERE POLICE OR OTHER AUTHORITIES NOTIFIED?			
YES <input type="checkbox"/> NO. <input type="checkbox"/> IF YES, PROVIDE COMPLAINT REPORT			

IS THERE ANY OTHER INSURANCE COMPANY, WHICH WOULD COVER THIS LOSS?			
YES <input type="checkbox"/>		NO. <input type="checkbox"/>	
IF YES, NAME OF THE COMPANY			
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
- 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)
 - 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 30% of maximum covered limit amount under the section at the discretion of Boubyan Takaful)
- Necessary and Essential Purchases shall mean. purchases made during the temporarily deprivation of his/her baggage to satisfy the necessary essentials like, toiletries, reasonably priced pair of dress, inner garment, prescribed medicines which have to be taken regularly, baby food items, and similar items.

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 Master Card //Diners Club/ Platinum - credit card only

Declaration:

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

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

NBK TRAVEL INSURANCE – CLAIM FORM

MEDICAL CERTIFICATE

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

1. Patient’s Name -----
 2. Credit Card 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: -----
- Name of the attending Doctor : -----Signature & Stamp -----
- Date: -----
- Doctor’s Qualification: -----
- Address : -----

- E-Mail-----Telephone/ mobile number-----

This certificate is required (along with respective specific forms and attachments) for the following Medical claim (Bodily injury, sickness)

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

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 Master Card -----Diners:----- Platinum-----

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 Master Card /Diners Club/ Platinum - credit card only

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

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

CLAIM DOCUMENTS:

Welcome to the Boubyan Takaful Insurance 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, Platinum, Gold, Titanium, Diners Club and Classic members only.*

Required General Information

- NBK Card number (Classic/ Gold/Titanium Master Card /Diners/Platinum) on which travel ticket was purchased for 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

Additional Required Information:

- Baggage Delay
- Baggage Loss
- Trip Cancellation/interruption /delayed departure (includes tickets purchased for cruises and train tickets purchased overseas)
- Emergency medical treatment
- Body Repatriation
- Accidental Death
- Personal legal liability

IMPORTANT:

IN THE EVENT OF A SERIOUS MEDICAL EMERGENCY CONTACT INTANA. (HEREAFTER REFERRED TO AS "INTANA") AS BELOW:

Please quote the following Reference Policy Number: PCCA11FFQT to INTANA

"INTANA" 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 Boubyan Takaful Insurance Company, Kuwait to reimburse him, without obtaining prior authorisation from INTANA.

Baggage Delay on arrival at overseas destination (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
 - Bills to be submitted to claim up to 100% of covered limit amount

(If bills are not submitted, claim will be settled up to 30% 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
- 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 30% 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, medical certificate signed and dated by the attending doctor/physician
 - Overseas Medical practitioner's consultancy report/discharge report
 - 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

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

Body Repatriation (natural/accidental death in overseas country)

What you should provide:

- A completed claim form signed and dated by the claimant (Legal heirs)
- 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 mentioning the period of delay and reason.

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