

Section 6: Medical expenses and repatriation

Did the claimant return to their home address on the intended date? Yes No
 If 'No', when did they return (dd/mm/yyyy)? _____
 Who accompanied the claimant? _____
 Did the claimant call the 24-hour International Helpline? Yes No
 What symptoms did the claimant have which needed treatment? _____
 Confirm the medical condition or diagnosis if known: _____

Section 7: Loss of deposits, cancellation and curtailment

Date holiday booked (dd/mm/yyyy): _____
 Please attach original booking invoice and conditions/cancellation invoice.
 Date of scheduled departure (dd/mm/yyyy): _____ Time of scheduled departure: _____
 Date of cancellation or curtailment (dd/mm/yyyy): _____
 Reason for cancellation or curtailment: _____
 Please attach original cancellation notice if applicable. If caused by illness, injury or death, Section 6 needs to be completed or attach relevant medical report/copy of death certificate.
If the sick or injured person is someone other than the claimant, provide the following information:
 Name: _____
 Relationship to the claimant: _____
 Address: _____

Type of expenses claimed:	Invoice amount (including currency):
	Total:

Section 8: Travel delay/hijack

Length of delay/hijack, specify how many hours: _____ Date(s) (dd/mm/yyyy): _____
 Departure point: _____ Flight number if relevant: _____
 Public transport carrier: _____
 Cause of delay: _____

Evidence (Irregularity Report) must be supplied by the provider of the public transport service to confirm the length and cause of the delay.

Section 9: Missed departure

Reason for missed departure: _____
 Detail the expenses incurred: _____

Type of expenses claimed:	Invoice amount (including currency):
	Total:

Attach original receipts and provide evidence to support the reason you missed your departure.

Section 10: Loss/damage of money/delayed luggage

Date of loss (dd/mm/yyyy): _____ Time of loss: _____

Place of loss: _____

Circumstances in which loss or damage occurred: _____

Where and to whom did the loss or damage occur: _____

Please attach the original Irregularity Report or Police Report and complete the following information:

Contact name: _____

Address: _____

Date loss reported (dd/mm/yyyy): _____

Name of household contents insurer and policy number: _____

Address of household contents insurer: _____

Give details of items lost/replaced. Continue on a separate sheet if needed. You must attach the original receipts with your claim.

Item:	Date of purchase (dd/mm/yyyy):	Place of purchase:	Method of payment:	Owner's initials:	Amount (including currency):
					Total:

Give details of money lost or stolen:

Description (e.g. cash, traveller's cheques, etc.):	Value taken on trip:	Amount lost (including currency):
		Total:

Section 11: Loss of passport/travel documents**Give details of and reasons for expenses incurred and attach original receipts.**

Type of expenses claimed:	Value taken on trip:	Amount (including currency):
		Total:

Section 12: Payment details

Who are we reimbursing?		
<input type="checkbox"/> Claimant/Main member	<input type="checkbox"/> The provider	<input type="checkbox"/> Another person or entity
Please complete the rest of this section below to tell us how you would like to be paid.	We can only pay them if their bank details are shown on the invoice. You don't need to fill in the rest of this section.	If they paid on your behalf: Name: _____ Relationship you: _____ If they didn't pay on your behalf but you'd like us to pay them, please tell us the reason why you want us to pay them instead of you, and fill in payee details below.

How would you like to be paid?

Using your current Recurring Reimbursement Election (RRE) information
No further information required

1. By bank transfer
 Account holder name: _____
 If the account holder name is different to the names given in Section 1 and 2, tell us their full address and Email. We will not be able to make the payment without this information:
 Account holder address: _____

 Email

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 Bank name and address (including town/city and country): _____

 Postcode: _____ BIC/Swift code (must be completed): _____
 Payment Currency: _____ Bank account currency: _____
 Account number: _____ IBAN: _____
 Sort code (for UK accounts): _____ Routing code: _____
 ABA number (for transfers to U.S located banks): _____
 Mark here to use these details as your RRE

2. By foreign draft or cheque
 Account holder name: _____
 If the account holder name is different to the names given in Section 1 and 2, tell us their full address and Email. We will not be able to make the payment without this information:
 Account holder address: _____

 Email

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 Payment Currency: _____
 Please note that banks may not always accept foreign drafts in all currencies.

Checklist

- By post/Fax - Have you included:
 - A fully completed Claim form with signed and dated declarations
 - Original itemised invoicesPhotocopies, receipts and credit card statements are not acceptable. We are unable to return original documents, but are happy to provide certified copies on request.
 - An original Irregularity Report from the airline and/or Police Report if you are claiming under sections 8-11?
- By email:
 - Have you followed the scanned claims acceptance criteria and included any documents as required?

You will find the criteria for accepting scanned claims in your Claims procedures.

Where to send your claim

Send us your claim in one of the ways listed below:

- By email to: MEAServices@aetna.com
- By fax to: +971-4-428-7101
- By post to: Aetna Global Benefits Limited Emirates Financial Tower, 17th Floor, North Tower DIFC, PO Box 6380, Dubai, United Arab Emirates

We know you may have questions and we're always here to help. You can call us any time on:

Phone: +800-81429 (Free form Kingdom of Bahrain)
+44-203-788-3293 (Collect or Direct)

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