



**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:





## Checklist

- By post/Fax - Have you included:
  - A fully completed Claim form with signed and dated declarations
  - Original itemised invoices

Photocopies, 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](mailto:MEAServices@aetna.com)
- By fax to: +971-4-428-7101
- By post to: Aetna Global Benefits Limited, Emirates Financial Tower, 1701 – F, 17<sup>th</sup> 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: +44-203-788-3293 (Collect or Direct)

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