



# National Insurance Company Limited

(Owned By the Government of Pakistan)

Form: TIC-04

## Claim Form

### All Risks Cover – Travel Insurance

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

1. Name of Claimant \_\_\_\_\_

2. Full residential / Postal Address \_\_\_\_\_

\_\_\_\_\_

3. Plan Selected \_\_\_\_\_

4. Purpose of Travel \_\_\_\_\_

a. Date of Travel \_\_\_\_\_

b. Date of Departure \_\_\_\_\_

c. No. of Days Stayed \_\_\_\_\_

d. Name & Address of Govt. Agency Hosting you \_\_\_\_\_

\_\_\_\_\_

5. Date & Time of Accident \_\_\_\_\_

6. Exact Location \_\_\_\_\_

7. Nature of Injury / Sickness \_\_\_\_\_

8. Cause of Injury \_\_\_\_\_

9. Were the Police Notified \_\_\_\_\_

10. Contact Details of the Hospital or

Doctor whom you visited \_\_\_\_\_

11. Nature of Treatment Received \_\_\_\_\_

12. For How Many Days were you Hospitalized \_\_\_\_\_

13. Total Medical Cost so Far Incurred \_\_\_\_\_

14. Do you Anticipate More Expense, if so? Please Specify \_\_\_\_\_

\_\_\_\_\_

I declare that all statements made on this form are true to the best of my knowledge and belief and that the articles and property described belong to the persons named, no other person having any interest therein, whether as owner, mortgagee, trustee or otherwise.

Dated: \_\_\_\_\_

Insured's Signature \_\_\_\_\_