

Traveller's Policy Claim Form



ASFALISTIKI

Δύναμη Ασφάλειας

Policyholder:

Name Policy No.

Claimant's Name Identity Card Number/Company's Registration Number.....

Address..... Tel. No. Age

..... Occupation

When and where can Claimant be interviewed?.....

..... Trip Dates:

Are you insured under any other policy in respect of this claim..... YES/NO.

If yes please give name and address of Insurers and Policy number

.....

PLEASE COMPLETE SECTION 1 or 2 (Below) or 3 (Overleaf) AS APPROPRIATE

SECTION 1 - Personal Accident

Accident. Date **Time** **Place**

Give full description of the circumstances and details of the injury

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.....

Names and addresses of witnesses

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Has claimant been totally disabled as a result of this accident?.....

When did total disablement start?

Is claimant still totally disabled?.....

When does claimant expect to resume part, if not all, normal business?.....

Please complete the MEDICAL INFORMATION section overleaf.

SECTION 2 - Medical and Incidental Expenses

Give details of injury or illness necessitating medical attention, and date of commencement

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Please complete the MEDICAL INFORMATION section overleaf.

Detail the expenses incurred. Attach receipts

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NOTE: This form requires your Signature overleaf.

MEDICAL INFORMATION (For Sections 1 and 2 only)

Name and address of doctor giving initial treatment in respect of this illness or injury

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(a) Has the person concerned ever suffered from this type of illness or injury before? YES/NO. If YES, give details.....

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(b) If not claimant, give name, address and relationship.....

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(a) Name and address of usual doctor.....

(b) Has he been consulted in respect of this illness or injury? YES/NO

(c) When and why was he consulted last by the person concerned?

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SECTION 3 - Baggage and Loss of Money

Date of loss or damage Time Place

State precise circumstances under which loss or damage occurred

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Names and addresses of witnesses

Was the Police notified of loss and/or damage? if so, when and at which station?

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State total value of baggage (including articles worn or carried) and cash of Insured person or party at the time of loss or damage.€

Description of lost or damaged property	Date of purchase	Cost Price (less discount)	Value at time of loss after allowing for wear and tear	Net amount claimed
.....	€	€	€
.....	€	€	€
.....	€	€	€
.....	€	€	€

N.B. Attach receipts, if available, to this form. If necessary, continue on a separate sheet. Total €

Signature (required for all Claims)

I declare the foregoing particulars to be correct according to my information and belief. You have permission to obtain further details from the Doctor or Police mentioned above.

Date..... Signature of Policyholder.....

Signature of Claimant



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