

Dialog & Janashakthi Travel Insurance Claim Form

Required Documents –

For all travel claims please submit air tickets, boarding pass, copies of the passport together with the documents mentioned in the 'Claims Procedure'. We reserve the right to request for additional information. To enable us to process your claim expeditiously, please return the duly completed Claim Form with the Supporting Documents. All claims are payable on reimbursement in Sri Lankan Rupees upon return to Sri Lanka.

Please direct the claim form and all correspondence to:

Janashakthi General Insurance Limited .

General Claims Department.
55/72 Vauxhall Lane,
Colombo 02,
Sri Lanka.

The acceptance of this claim form is NOT an admission of liability on the part of Janashakthi General Insurance Limited ("The Company"). Any documentary proof or report required by the company shall be furnished at the expense of the policyholder or claimant.

General Information

Policyholder (claim cheque will be drawn in favour of)	Claimant (if differs from the above)	Insurance Policy No.
Address	Passport No.	
Occupation	Date of Birth	Nationality
Telephone No.	Email Address	Sex Male / Female
Purpose of Trip Business / Vacation	Place where accident, loss or illness occurred	Date
Are there any other Policies of insurance in force covering you in respect of this event? Yes / No		
If yes, please specify:		

Specific Information

Sections 1 & 2 – Reimbursement of Inpatient Hospitalization Expenses & Personal Accident Benefit

Nature & Extent of Injuries / Illness :.....
Date of accident or commencement of illness : Day..... Month..... Year.....
Place :.....
State fully what happened :
Was the accident reported to the police? Yes..... No..... If yes, please give name of Police Station & Entry No..... In the event of a Death, please submit a copy of the Statement made to Police.
In the case of a Death, please submit copies of the Death Certificate, Postmortem Report & Coroner's Report
Period of Hospitalization : From Day..... Month..... Year..... to Day..... Month..... Year.....
Name, Address & Contact Number of the Medical Practitioner/Hospital who attended the patient :
Have you suffered this illness or injury or a similar condition or a recurrence of a previous illness or injury Yes / No If yes, please specify :
Hospitalization charges including Nursing Home charges, Surgeon's fees, Anesthetist's fees, Operation Theater charges, Expenses for X-Ray, ECG, Laboratory Tests, Medicines and Drugs, Fees paid to Medical Practitioner and all other expenses whilst in hospital.
State amount claimed :.....

Doctor's Medical Report

1. Name of the patient :
2. For what injuries or illness was the treatment given by you ? (in block capitals)
3. Are these consistent with the accident or illness described in the previous pages ? Yes..... No.....
4. When in your opinion could the illness have been contracted or begun?.....
5. When were you first consulted for the injury or illness?.....
6. Has he previously suffered from this injury or illness ? If 'Yes' when? Yes..... No.....
7. Has the patient to your knowledge suffered from any other disease or physical defect? Yes..... No.....
 - o What is the nature?
 - o To what extent may recovery be affected thereby?
8. What is your prognosis for a full and complete recovery?

Signature : Qualifications:

(Official Seal or Stamp)

Name :

Address :

Sections 3 – Baggage & Personal Effects – Checked In

Date, Time & Place of loss or damage.....						
Location of Police Station, name of Airline/Carrier or other authorities where report is lodged..... <i>(Please enclose the property irregularity report obtained by the authorities along with the other claim documents)</i>						
Details of items Lost/Damaged & amounts claimed						
No.	Full details of articles	Purchased from	Date of purchase	Original purchase price	Amount claimed (LKR)	Proof of purchase attached?
1						
2						
3						
4						
5						

Sections 4 – Passport Indemnity

Date & Place where the loss took place
Temporary Passport No
<i>(Please include a copy of the Temporary Passport along with the other claim documents)</i>
Declaration
I/We declare that the particulars given herein above are true and correct to the best of my/our knowledge and belief and that I/we have not withheld from the Company any material information connected with this claim.
Day..... Month..... Year.....
Signature of Insured :.....

The above are the basic documents that are required to proceed with the claim. However, kindly note that these tend to vary depending on the circumstances and nature of the loss and more documents may be required and called as and when needed.