



**redefining / standards**

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# Travel claim form

This claim form is not an admission of liability. We thank you in advance for filling in this claim form in full in order to assure a fast and accurate processing. This form was simplified according to your needs. As a consequence, all fields are compulsory. Thanks again for your cooperation.

## A. ADMINISTRATIVE

Policy No:	Policy Holder / Company Name:		
Email Address:	Phone No:		
Insured Name:	Gender: M F	Insured Date of Birth:	
Insured Occupation:	Insured Nationality:		

## B. CLAIM DETAILS

Claim Date:	Type of Claim: Loss of Baggage and Personal Money	Delayed Baggage	Medical Expenses
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## C. LOSS OF BAGGAGE AND PERSONAL MONEY

When and where was the property last seen by you?	Date:	Time:	Place:
Was the incident reported to the Police? N Y		If Yes, in which date?	
To which Police station?			(please attach the Police report)
Is there any other Insurance covering the same property? Y N	If yes, Company:	Policy No:	

## D. DELAYED BAGGAGE/DEPARTURE

How many persons were travelling?	Number of Adults:	Number of Children:
Departure Date:	Departure Time:	Departure Airport:
Arrival Date:	Arrival Time:	Arrival Airport:
Have you been compensated by the Airline? Y N	If Yes, provide the amount of the compensation received:	
Reason for the flight cancellation/delay:	Number of hours the flight/baggage was delayed:	
When have you finally been receiving your luggage/departed? Date:	Time:	

## E. MEDICAL EXPENSES

Type of Medical Emergency: Sickness Accident	Incident Date:	Incident Place:
Description of the Incident:		
Do you have any medical insurance? Y N	If yes, Company:	Policy No:
Type of treatment: Outpatient Inpatient Both	Have you previously suffered of the above injury/sickness? Y N	
Please provide the details of the treatment received:		

## D. POLICYHOLDER DECLARATION

I/We hereby declare that the above mentioned particulars are true to the best of my/our knowledge and beliefs.	
Date:	Signature:

If you have any question regarding this form or any other aspect of the cover, please send your enquiry to our Non Motor Claims Team at the email address [travel.claimsBAH@axa-gulf.com](mailto:travel.claimsBAH@axa-gulf.com) or by phone on 8000 1060 (Clients) / 8000 8500 (Brokers) by quoting your policy number. For a quick registration you can start submitting the form in a digital format by clicking on the button "--> Submit form". Don't forget to attach a digital copy of all supporting documents to the self-generated mail before sending the message to the email [travel.claimsBAH@axa-gulf.com](mailto:travel.claimsBAH@axa-gulf.com). Following to the digital submission, this form must be signed and the original claim form mailed to the AXA office address mentioned in the head of this claim form, along with any other original documents required by AXA.