**Guardian Group**
Guardian General Insurance Limited

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**Telephone:** (868) 625-GGIL (4445) ▪ Fax: (868) 622-9994
**Branch Office:** 31-33 Independence Avenue, San Fernando, 600202, Trinidad & Tobago
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**Website:** www.myguardiangroup.com

## TRAVEL CLAIM FORM

### EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

POLICY NO. _____     CLAIM NO: _____

INSURED NAME _____     PHONE NO: _____

ADDRESS: _____

_____

1.  Claimant's Name (if other than the Insured) _____

2.  Where and when did the loss occur?     Date: _____     Time _____a.m/p.m.
                mm/dd/yy

                Place: _____

3.  Was the matter reported to the Police?                              YES □     NO □

    Date reported: _____     Location _____
              mm/dd/yy

4.  Is there any other insurances covering the loss?                    YES □     NO □
    If "YES", please give details _____

    _____

5.  PLEASE INDICATE THE SECTION(S) OF THE POLICY TO WHICH THE LOSS APPLIES AND
    ATTACH ALL ORIGINAL DOCUMENTS, BILLS AND RECEIPTS.

    **Section 1 – Personal Accident**                                  **YES □     NO □**

    (a) Name of Claimant (if other than insured) _____

    (b) Date of Birth _____     (c) Occupation _____
                    mm/dd/yy

    (d) Give particulars of the accident _____

    _____

    _____

    _____

**Section 2 – Baggage and Personal effects**   **YES** ☐   **NO** ☐

(a) Give particulars of damaged and/or lost property_____

_____

_____

_____

(b) If the loss occurred whilst in transit did you notify the relative Travel Authorities?   YES ☐   NO ☐
   If "YES", please give particulars _____

_____

(c) Amount claimed $ _____

**Section 3 – Medical and Other Expenses**   **YES** ☐   **NO** ☐

(a) Give particulars of injury sickness or disease _____

_____

_____

(b) Are all relative bills attached?   YES ☐   NO ☐

(c) Amount claimed _____

**Section 4 – Money and Tickets**   **YES** ☐   **NO** ☐

(a) Give particulars _____

_____

(b) Amount claimed _____

**Section 5 – Loss of deposits**   **YES** ☐   **NO** ☐

(a) Give reasons for unused accommodation or curtailment of travel or postponement
   postponement or cancellation of holiday or journey

_____

_____

(b) Amount claimed _____

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I _____ of _____

do hereby warrant the truth of the answers and particulars given on this form and that I have withheld no material information and I

hereby claim for loss or damage as set out hereto amounting in all to $

Signature of the Insured _____   Date _____
(or Claimant if other than the Insured)                                                      mm/dd/yy