



यूनाइटेड अजोड इन्स्योरेन्स लिमिटेड

United Ajod Insurance Limited

United by Trust

(Former: United Insurance Co. (Nepal) Ltd. & Ajod Insurance Limited)

C.T.C. Mall, 7th Floor, Bagdarbar Marga, Sundhara, Kathmandu, Nepal  
Tel: +977-1-5333743, 5343303, 5344013, 5343073, Toll Free No. 1666 018 6496  
E-mail: info@unitedajodinsurance.com, Web: www.unitedajodinsurance.com

## TRAVEL MEDICAL INSURANCE CLAIM FORM

Title & Initial of Insured Person (Mr./Mrs./Miss).....

Last Name /Family Name of Insured .....

Age of Insured Person .....

Home Address in the Kingdom of Nepal .....

Occupation .....

### Details of Policy

Policy No. ....

Date of Purchase: Day ..... Month ..... Year .....

1<sup>st</sup> Day of Insurance: Day ..... Month ..... Year .....

Number of Days: .....

Physicians Report Attached to Policy: YES/NO

Once a claim becomes payable under the terms and conditions of the policy and costs have been met by you, or any person on your behalf, please indicate below to whom you would like the cheque payable and their full address.

Payee's Name: .....

Address: .....

Date of Occurrence: Day ..... Month ..... Year .....

**DOCUMENTS REQUIRED:-** The following documents **MUST** be enclosed with your completed claim form at the claimant's expense.

1. CERTIFICATE OF INSURANCE OR COPY.
2. PHYSICIAN'S REPORT (ORIGINAL ATTACHED TO THE POLICY IF APPLICABLE)
3. COPIES OF AIRLINE TICKET
4. ORIGINAL BILLS OR RECEIPTS FOR FULL AMOUNT OF CLAIM.
5. A LETTER FROM YOUR USUAL DOCTOR IN THE KINGDOM OF NEPAL CONFIRMING ALL THE TREATMENT YOU RECEIVED IN THE TWELVE MONTHS PRIOR TO THE ISSUE DATE OF YOUR POLICY WHERE NO PHYSICIANS REPORT WAS ISSUED.

FAILURE TO SUPPLY THE ABOVE DOCUMENTS WILL DELAY THE PROCESSING OF YOUR CLAIM AND COULD RESULT IN IT BEING DELINED.

When an illness or accident has occurred in the U.S.A. with total bills not exceeding \$ 500 in all. The Insured must post to:-

**Specialty Assistance**

London, U. K.

TEL : + 44 (0) 20 7902 7405, FAX: + 44 (0) 20 7928 4748

E-mail: assistance@specialty-group.com

**Specialty Assistance**

Philadelphia, USA

TEL : + 1 215 489 3785, FAX: + 1 215 489 8525

**Specialty Assistance**

Johannesburg, South Africa

TEL : + 27 11 452 7272, FAX: + 27 11 452 4473

**Specialty Assistance Services**

Bangkok, Thailand

TEL : + 662 645 3932, FAX: + 662 645 3732

***Making a Claim***

If you need to make a claim you will need to complete a claim form as soon as possible after the incident has occurred. You must do this within 31 days of your return home.

You can request a claim form by writing to, or by telephoning:

**Specialty Claims (SAS)**

PO Box 51541, London SE10XU

(please do not send in any documents at this time)

TEL: + 44 (0) 0870 9058555, FAX: + 44 (0) 0870 905 8560

E-mail: claims@specialty-group.com

The policy schedule and this fully completed claim form, together with the original medical invoices. On receipt, which usually takes five days by post. Specialty Assistance will immediately arrange payment by special mail within several working days, either to the Insured or to the Medical Provider. If the claim cannot be paid for any reason (incomplete claim form/lack of documentation) or the claim is for a greater amount than \$ 500 then Specialty Assistance will details with it under their normal settlement procedures.

The payment of a claim in this manner does not prejudice the insurers right to decline further payment if the claim is subsequently found to be invalid.

**TO BE SIGNED BY THE INSURED**

I wish my claim, which does not exceed \$ 500 in all, to be deals with under the above special arrangements.

Signature.....

Date: