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| **Claim Registration Form** | **Our Ref**: |  |
| ***GenAssist TPA Limited***  | **Telephone Number** | **+** (**357**) **22 519 211** |
| ***e*-Mail Address** | **office@genassist.eu** | **Tele-Fax Number** | **+** (**357**) **22 499 830** |

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| **This is NOT a Claim Form and it should ONLY be used to INFORM *GenAssist* of a potential Claim**. **This Registration Form should be fully completed and returned to Us** (**by Fax or *e*-Mail**) **and within 25 days of the Event or Incident that might give rise to a valid Claim**. |
| **PERSONAL DETAILS OF CARD HOLDER** |
| **Mr/Mrs/Miss/Ms** |  | **Postal Address**:**Post Code** |
| **Surname** |  |
| **Forenames** |  |
| **Cyprus ‘ID’ Number** |  |
| **Date of Birth** |  |
| **Work Telephone Number** |  | **Mobile Telephone****Number** |  |
| **Home Telephone Number** |  | **Tele-Fax Number** |  |
| ***e*-Mail Address** |  |
| **REGISTRATION DETAILS** | **Section & Amount Claimed** |
| **Credit Card Number**: | **1** | **Cancellation of Trip** (by Card Holder)  |  € |
| **1b** | **Curtailment of Trip** (by Card Holder) | € |
| **2** | **Personal Accident** |  € |
| **Date of Incident** |  | **3a** | **Medical Expenses Abroad** |  € |
| **Date Tickets Purchased** |  | **3b** | **Daily Hospital Benefit** |  € |
| **Date *GenAssist* was** **first notified** |  | **4a** | **Baggage & Personal Effects** (Lost – Stolen – Damaged) |  € |
| **4b** | **Delayed Baggage** |  € |
| **Scheduled Departure Date** |  | **5** | **Personal Money** (Stolen – Destroyed) |  € |
| **5b** | **Passport / ID Replacement** | € |
| **Scheduled Return Date** |  | **6a** | **Travel Delay** |  € |
| **6b** | **Abandonment** |  € |
| **Destination Abroad****(Country & Town)** |  | **6c** | **Missed Connection** |  € |
| **7** | **Personal Liability** (Third Party) |  € |
| **Airline Company you travelled / booked with**  |  | **8** | **Legal Expenses** (Third Party) |  € |
| **10** | **Business Document Replacement** |  € |
| **Number of people included in your claim** |  | **Total Amount Claimed** |  **€** |

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| **Cardholder’s Name** | **Age** | **Cardholder’s Signature** | **Date** |
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| **Description of Claim** | **Our Ref**: |  |
| ***GenAssist TPA Limited***  | **Telephone Number** | **+** (**357**) **22 519 211** |
| ***e*-Mail Address** | **office@genassist.eu** | **Tele-Fax Number** | **+** (**357**) **22 499 830** |
| **This is NOT a Claim Form and it should ONLY be used to provide full and detailed description of the incident and which should be completed and returned to Us** (**by Fax or *e*-Mail**) **and within 25 days of the Event or Incident that might give rise to a valid Claim**. |
| **FULL and COMPLETE DETAILS OF THE INCIDENT** |
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| **Very Important****The making of a fraudulent Insurance Claim is a criminal offence**.  **You may be prosecuted if You make a fraudulent Claim**. **Without prejudice to any other rights of the Bank**, **the Bank may cancel the Cardholder**’**s card without notice in the event of a false or fraudulent claim or statement**, **or misrepresentation**, **misdescription or non**-**disclosure of any event or fact**. |

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| **Cardholder’s Name** | **Cardholder’s Signature** | **Date** |
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