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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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