



SOLARELLE TRAVEL SAFE INSURANCE CLAIM FORM

POLICY NUMBER:

DATE:

The Insurers do not admit liability by the Issue of this form.

INSURED DETAILS

Insured Name:

Address:

Contact Name:

Contact Number:

Email:

Occupation:

Date of Birth:

PAYEE'S DETAILS

For death claims, cheque(s) will be drawn in favor of insured's next of kin.

Full Name (as shown in the bank account):

NID or Passport No (as shown in the bank account):

TRAVEL DETAILS

Period of travel for this trip: (DD/MM.YYY) From:

To:

Which country/city did the incident or injury or illness happen in?

Date of event (DD/MM.YYY):

Time:

Description of incident, injury or illness: _____

Tick the type of claim, and the documents attached. We may request further documents to assess the claim

☐ Personal Accident

☐ Medical Expenses

Check List:

☐

Flight itinerary, boarding pass or passport stamp which shows the date of departure and return to _____

☐

Original final hospital or medical or ambulance bill and receipts

☐

Medical report or inpatient discharge summary (stating clearly the start date, cause, extent of permanent disability (If applicable) and nature of injury or illness)

☐

Referral letter by general practitioner for specialist treatment

☐

Police or accident report (For Accident Claims Only)

☐

Copy of the reimbursement letter or discharge voucher from the insurer or employer (If there is a previous refund from another insurer or employer)

☐

Death certificate or autopsy report or toxicological report or coroner's findings (For Death Claims Only)

☐

Proof of policyholder's or person claiming's relationship with the deceased. (For Death Claims Only)

Policyholder or Person Claiming	Documents Needed
Husband or Wife	Marriage Certificate
Parent	Birth Certificate of Deceased
Child	Birth Certificate of Policyholder or Person Claiming
Brother or Sister	Birth Certificates of Deceased and Policyholder or person claiming

Indicate the Nature and extent of injury or illness: _____

Is the specialist treatment (If Any) referred by a general practitioner? Yes ☐ No ☐

If NO, please give the reasons: _____

Note: The policy covers specialist treatment, only if the specialist treatment is referred by a general practitioner.

Has your treatment been completed? Yes ☐ No ☐

If NO, please indicate when treatment is expected to be completed: _____

Indicate an estimate for the cost to be claimed:

Have you ever suffered from or been recommended to receive treatment for this injury, illness or similar condition before? Yes ☐ No ☐

If NO, please give the reasons: _____

Note: The policy covers specialist treatment, only if the specialist treatment is referred by a general practitioner.

Description of property lost or damaged (state each article/item separately)	When and where purchased	Purchase price	Present cost of replacement	Depreciation for age and condition	Amount claimed
Total amount claimed					

Special Risks, Burglary and Theft, Malicious Damage Claims.

Note: Police complaint acknowledgement forms to be attached to all cases of theft or loss.

Have police been informed of the incident? Yes ☐ No ☐

If YES, Police Station reported to: _____ Report Number: _____

If NO, Indicate Owner's Name and Address: _____

Describe the method of entry and the damage caused to the building: _____

When were the premises last occupied? _____

Who was on the premises at the time of loss? _____

For Glass, Wash Basin and Lavatory Pan Break Claim Only	
Was the glass, basin, etc... cracked prior to the incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, state the date:	Time:
For fire impact by vehicle claims only	
If a dividing fence or party wall was damaged, give name and address of joint owner	
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	
If damage was caused by a vehicle, give details of owner/driver and vehicle registration number	
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	
For storm and tempest and water damage claims only	
What steps have been taken to minimise damage?	
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	
Has the building been physically damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, give details (roof sheeting / tiles damaged):	
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	
If there has been no physical damage to the building, give details of how water entered premises:	
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	
**Note: Do not delay in taking necessary action, such as emergency repairs, to prevent further damage	
<p>DECLARATION</p> <p>I/We declare that the above statements are true and correct and I/We have not withheld any material information which will directly or indirectly affect this claim.</p> <p>Name: _____</p> <p>Date: _____ Signature of Claimant: _____ Position: _____</p>	

Office use only

Form Collected By:

Special Condition:

Claim Number:

[illegible]

PRIVACY

Solarelle is bound by the privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive “Information”, you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim (‘purposes’).

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Solarelle Insurance Pvt Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Work-cover authorities and as required by law within Maldives or overseas.

Solarelle may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Solarelle’s Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.solarelleinsurance.com, contact us by telephone on +960 3300099 or email us at claims@solarelleinsurance.com