



Holiday and Travel Claim Form

Please Complete General Questions 1 to 4 and then the Section(s) to which your claim(s) relate(s)
 Completed claim form should then be returned to the INSURANCE CORPORATION OF BARBADOS.

General Section

1. Name and Address of Insured Telephone No. Home..... Business.....	
2. Name and Address of Insured person(s) in respect of whom the claim is being made.	
3. Policy No.....	Period of Insurance: From..... To.....	
4. Is there any other insurance in force covering this loss or expense? If so please state:-	Insurance Co. Address Policy/Coupon No.	
5. Have you or any insured person ever before sustained a loss of this nature? If so please state:-	Date..... Circumstances Insurance Co. involved Amount.....	

Section 1. Personal Accident

1. Date, time and place of accident		
2. State cause of accident and nature of injuries		Please attach Medical Certificates
3. Name and Address of your doctor		
4. a) State the period during which you have been totally disabled from attending to your business as the sole and direct result of the accident. b) Are you still totally disabled? If not, from what date were you able to attend to some part of your business.	a) b)	

Section 2. Medical and Miscellaneous Express

1. Nature and cause of illness or injury		
2. Date of illness or injury giving rise to expense.		
3. Amount claimed in respect of a) Medical and similar expenses b) Additional miscellaneous expenses (other than)	\$ \$	Please attach Medical Certificates and Invoices

Section 3. Loss of or Damage to Personal Baggage

1. Give full particulars of circumstances giving rise to the loss of damage. (Please retain damaged articles and indicate address at which they may be inspected)		
2. Date, time and place of loss or damage		
3. State total value of baggage accompanying person(s) making a claim (including cash, cheques, travel tickets, coupons ?????????)		

