

## What are the things that must be done in case of Travel claim?

Dear Insured,

- Please give information us about the event which causes the claim for indemnification by calling 0216 6817530
- In order to obtain the information about your file, you may call 0216 6817530
- Please deliver the necessary documents to evaluate your demand as soon as possible.
- For the purpose of payment of your indemnification, please indicate your Bank Account details on the relevant sections of the "Claim Form". (For the payments, exceeding 5.000 TL, please indicate your Bank Account details on the relevant sections of the "Receipt of indemnity-discharge slip" to be issued by the insurer.
- Indicate the file reference number and the name of the person who will receive the document which you will send via fax and transmit it to the fax, no. 0216 575 97 77 and receive the fax message confirmation.
- In case where the indemnification would be paid to the person other than the insurer, the power of attorney, which explains that he/she, is authorized to collect and pay and peace and acquaintance from the notary public. Otherwise, it will not possible that the indemnification will be paid to the some one else.
- In case where the indemnification will be paid to a company, the receipt of indemnity-discharge slip and acquaintance should be signed by the persons who are authorized to act and represent the company under the company's seal, the signature circular of the company, trade register entry, tax form must be attached to them.
- Your indemnity demand will be evaluated under the General and Special Conditions of your policy as soon as possible, after all your documents are attached to the file.
- Your coverage limited with as written on your policy.
- In order to obtain the emergency medical evacuation indemnification, firstly you must call Gulf Sigorta Assistance Services +90 212 318 08 72 or +90 850 488 04 72 and the verification must be obtained from Gulf Sigorta A.Ş.
- We will send informative messages/ letters to your mobile phone/e-mail address/mail address about your claim file. If require us not to send you that kind of informative messages/letters, appreciate you to send an email to [iletisim@gulfsigorta.com.tr](mailto:iletisim@gulfsigorta.com.tr)
- **Turkish Commercial Code Article 1446**
  - (1) The policy holder shall notify the insurer without delay when s/he becomes aware of the realization of the risk.
  - (2) If the failure to make or the delay in making the notification regarding the realization of the risk has caused an increase in the compensation amount or the sum insured to be paid, a reduction shall be made in such compensation amount or sum insured depending on the severity of the fault.
  - (3) If the insurer has actually become aware of the realization of the risk previously, it may not benefit from the provision of the second paragraph.

### Disclosure of Personal Details

Our Company shares necessary personal information belonging to its policyholders with several governmental and professional organizations and authorities, notably with Insurance Information and Supervision Center, as per applicable legislation. Also, personal details of the insured people are disclosed by our Company to domestic and international organization and institutions that we are in cooperation and with affiliates for processing such details or for operational or statistical purposes. Our Company has no legal or penal liability that might arise in connection with such information sharing.

### Communication

Commercial Name	: GULF SİGORTA A.Ş.
Registration Number	: 871 052 3623
Place of Registry	: İstanbul Ticaret Sicili Müdürlüğü
Corporate Headquarter	: Saray Mah. Dr. Adnan Büyükdeniz Cad. No:4/2 Kat:4-5 Akkom Ofis Park Cessas Plaza Ümraniye / İSTANBUL 34768
Web	: <a href="http://www.gulfsigorta.com.tr">www.gulfsigorta.com.tr</a>
Customer Call Center	: 4441244
Phone	: 0216 400 2 400
Fax	: 0216 575 97 77

- Please send requested documents to our office which is nearest to you.

Karadeniz ve İç Anadolu District Office	Ege District Office	Güney Anadolu District Office	Güney Marmara District Office	K.K.T.C District Office	İstanbul District Office
Mustafa Kemal Mah. 2123. Cad. No:2/D Cepa Ofis K:12 1203/1204 Çankaya/Ankara	Halit Ziya Bulvarı. Kayhan İş Mrk. No:42 K6 D:601 Alsancak-İzmir	Reşatbey Mahallesi. Atatürk Cad. Gen İş merkezi No:22 K.6. Daire:18 Seyhan-Adana	Odunluk Mah. Akpınar Cad. No:15/A K:3 D:15 Efe Towers Nilüfer /Bursa	Osmanpaşa Caddesi No:2 D:14 Lefkoşa / KKTC	Saray Mah. Dr. Adnan Büyükdeniz Caddesi Akkom Ofis Park Cessas Plaza No:4 Kat: 4 / 5 Ümraniye /İstanbul
Pbx: 0312 466 67 00	Pbx: 0232 425 66 61	Pbx: 0322 459 41 15 – 17 - 20	Pbx: 0224 224 33 95	Pbx: 0 392 227 57 84	Pbx: 0 216 400 24 00
Faks: 0312 466 67 07	Faks: 0232 425 65 99	Faks: 0322 459 42 28	Faks: 0224 224 16 64	Faks: 0 392 227 61 54	Faks: 0 216 575 97 77
ankara-bolge@gulfsigorta.com.tr	izmir-bolge@gulfsigorta.com.tr	adana-bolge@gulfsigorta.com.tr	bursa-bolge@gulfsigorta.com.tr		

- **Complaints**

**You can submit all kinds of complaint to our Company or to the attention of Republic of Turkey Ministry of Treasury and Finance, General Directorate of Insurance or Insurance Arbitration Commission.**

**Best Regards,  
GULF SİGORTA A.Ş  
CLAIMS SERVICE**

### **What are the things that must be done in case of travel claims?**

#### **Requested Documents for Checked Baggage' Loss/Delay and Personal Effects Loss Claims**

1. Copy of ticket
2. Copy of ID card
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture
4. In the lost/delay related to the baggage, official letter which indicates that the air lines carrier accepts the event
5. Detailed request letter from the insured about the stuffs in the baggage and their amount
6. Copies of the purchasing invoices, if any, for the stuffs in the baggage
7. For baggage delay related indemnity demands; please send your necessary / urgent emergency receipted purchase of replacement items
8. Document, indicates if the air lines carrier makes the payment to the customer due to the lost baggage
9. Letter, indicates that the baggage is not found after search time
10. Copy of completed claim form
11. The permission form which enables the Processing of Personal Data

#### **Requested documents for Trip Cancellation/Delay/Interruption and Missed Departure Claims**

1. Copy of ticket
2. Copy of ID card
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture
4. Documents indicate that obtain visa for planned trip
5. Travel contract
6. Detailed account, documenting the payments to the travel firm and original invoices
7. Cancellation invoice/repayment receipt from Travel Agency
8. In case where the travel is interrupted/canceled, doctor / death report of the insured /official spouse /mother/ father/sister/ brother /child
9. In the event of catastrophe, official letter about incident from the national authority where catastrophe occurred
10. Copy of completed claim form
11. The permission form which enables the Processing of Personal Data

#### **Requested documents for Medical Reimbursement Claims**

1. Copy of ticket
2. Copy of ID card
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture
4. Doctor/ epicrisis report from the relevant doctor or health institution related to the diagnosis and treatment, test results and prescriptions
5. Original invoices on treatment from the concerned health institution
6. Copy of completed claim form
7. The permission form which enables the Processing of Personal Data

#### **Requested documents for Accidental Permanent Disability Claims**

1. Copy of ticket
2. Copy of ID card
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture.
4. Doctor/ epicrisis report from the relevant doctor or health institution related to the diagnosis and treatment, test results and prescriptions
5. Accident reports
6. Public Prosecutor reports
7. Final health commission report from the full equipped hospital, indicating the percentage of disability level
8. Copy of completed claim form
9. The permission form which enables the Processing of Personal Data

#### **Requested documents for Accidental Death Claims**

1. Copy of ticket
2. Copy of ID card for legal inheritors and insured
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture
4. Inheritance letter
5. Register of family
6. Autopsy report
7. Certificate of death /License for burying / Permission letter to bury the death
8. Accident reports
9. Public Prosecutor reports
10. Copy of completed claim form
11. The permission form which enables the Processing of Personal Data

### **Requested documents for Repatriation Claims**

1. Copy of ticket
2. Copy of ID card
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture
4. ID card copy of the person who pay the funeral charges and signed bank details
5. Death report
6. License for burying /Permission letter to bury the death
7. Permission form to transport the funeral to the country
8. Original invoice of the funeral costs (coffin, transport etc.)
9. Copy of completed claim form
10. The permission form which enables the Processing of Personal Data

Above documents are standard and extra documents may be requested depending on the extent and type of claim/injury. Notification of the claim is not to be deemed as approval of the claim. Requested necessary documents for the evaluation of the claim(s) are not a confirmation of the claim's payment approval. Insured should submit requested documents as soon as possible, the insurer will only be able to evaluate the claim as per General and Special Condition of the policy upon receipt of the requested documents.

# TRAVEL INSURANCE CLAIM FORM



Dear Insured, please answer below questions.

Name, Surname: ..... PNR/Certificate/Policy No : .....

Home/Work Phone No: ..... Mobile Phone No: ..... E-mail: .....

Address:.....

Please state the name and telephone number of the person to contact instead of you: .....

## PLEASE,ANSWER RELATED QUESTIONS WITH YOUR DEMAND

### LOSS/DELAY OF CHECKED BAGGAGE AND PERSONEL EFFECTS LOSS

Please describe when & where the loss/delay took a place: .....

Please state loss amount: ..... Please state name of the common carrier: .....

Scheduled date/time/city of baggage arrival to you: ...../...../.....

Actual date/time/place baggage delivered to you: ...../...../.....

Please state compensation received from Airline/Travel Firm: .....

### TRIP CANCELLATION/DELAY/INTERRUPTION AND MISSED DEPARTURE

Please describe how, where & when the cancellation/delay/interruption/missing took place: .....

Did you get a visa? : Yes  No  If yes, please provide the valid date: ...../...../.....

Please state amount of trip (Airline / Travel Firm): .....

Please state compensation received from Airline/Travel firm: .....

Have you ever been treated for the illness which caused trip cancelation or interruption? Yes  No  If yes, provide date and name of hospital...

### MEDICAL REIMBURSEMENT/ ACCIDENTAL PERMANENT DISABILITY

For accident; please state how, when, where the accident took place: .....

For illness; please state when, where symptoms first occurred and which diagnosis treated: .....

Have you ever been treated for this illness before? Yes  No  If yes, provide date and name of hospital: .....

Please provide your illness which diagnosed before travel: .....

If you have any other health/travel insurance, please provide Insurance Company' names: .....

Please state total medical expenses amount/paid or not paid, if paid by whom and amount: .....

### ACCIDENTAL DEATH / REPATRIATION

Please state the reason of death: .....

Have you ever been treated for the illness which caused death? Yes  No  If yes, provide date and name of hospital.....

Please state who paid repatriation expenses and provide amount: .....

### LEGAL FEES/ BAIL BOND / ROBBERY

Please describe incident: .....

Once your claim has been approved, please fill in **your active, current** and **TRY** bank account details in the below section for the indemnity payment

Account Owner: .....Bank name: ..... Branch Name/Code: .....

IBAN: \_\_\_\_\_

- I do declare and certify by my signature that the above information is true and correct. I further declare and agree that payment of indemnification will be made based on the information I provided on this form. If above information be proved false or anything contrary is found , I understand and accept irrevocably that GULF Sigorta is at liberty to exercise of all legal rights. I also agree to submit/ provide all claim related documents to the insurance company.
- I hereby, automatically authorize through the policy, this declaration and the pre-authorization, that all claim related documents, to furnish the insurance company, or its authorized representative, any and all information pertinent to this claim, a copy of this authorization shall be deemed as effective and as valid as the original.

Name, Surname:

Signature

Date: ...../...../.....