



Claims to be submitted to:
Travel Claims Department
10 Queens Road
Parktown, 2193
Johannesburg, South Africa
Tel: (011) 551 8533
Fax: (011) 551 8290
Email:mangoclaims@travelguard.com

CLAIM FORM

CLAIMS PROCEDURES

A completed claim form that has been signed by the Insured Person, copies of the booking confirmation, the Travel Insurance Certificate and other items that may be necessary are required on all claims together with the following documents for the different types of losses.

Trip Cancellation and Trip Interruption

- (a) Relevant Medical certificates or death certificates in the case of death.
- (b) Booking confirmation or Travel documents.

Baggage and Personal Effects Loss

- (a) The Insured Person must obtain a properly completed Passenger/Property Irregularity Report from Mango, in order to substantiate the claim.
- (b) Police Report to be submitted if due to Theft.
- (c) Receipts to be submitted as proof of payment.

Baggage Delay

- (a) A properly completed Passenger/Property Irregularity Report from Mango must be submitted with any claim. The Company's liability is subject to it receiving original receipts for the essential expenses incurred.
- (b) Receipts for reasonable essential expenses purchased, to be submitted.

Flight Delay

(a) Letter from airline detailing reason for the delay.

NOTES

- 1. For all claims, please complete SECTION 1 and SECTION 5.
- All supporting documentation MUST be submitted together with this form in order to avoid unnecessary delays.
- 3. For all claims relating to LOSS or THEFT, please provide a carrier and/or police report.
- 4. Please supply a copy of your POLICY RECEIPT.
- 5. Please supply a copy of your **BOOKING CONFIRMATION**.

TYPE OF CLAIM			
Flight [Delay		
Bagga	age and Personal Effects		
Trip Ca	ancellation / Interruption		
Trip Ca	ancellation / Interruption		





SECTION 1	- INSURED PERSON	J					
Policy Receip	t No						
Surname:			ID N	lumber:			
First Names:			Age	:			
Postal Address	:		Cod	le:			
E-mail Address							
Travel Dates: F	From - / /20	to /	/20				
Tel. No. Busine	Tel. No. Business: () Cell. No.: ()						
1. Date of Incid	lent						
2. Place of Inci	dent						
SECTION 2	- BAGGAGE AND P	ERSONAL	EFFECTS				
1. Describe ho	w the Delay/Loss/Theft/Da	amage occurr	ed:				
2. Carrier/Polic	e to whom Loss/Theft/Da	mage reporte	d:				
When and w	here						
If NOT repor	ted, give reason why not:						
3. Are you the	sole owner of the goods L	.ost/Stolen/Da	maged?	YES	NO		
	Baggage that is Lost/Sto	len or Damag	ed by an Air Ca	rrier, have you lo	odged a claim		
with the respec	ctive Air Carrier			YES	NO		
If YES, pleas	se state where and at whi	ch office:					
Have you re	ceived compensation fron	n the Air Carri	er?	YES	NO		
If YES, pleas	se state the amount comp	ensated: R					
	ort Term All Risks Insurers						
Policy Numb	er						
Are you clair	ming from the above name	ed?		YES	NO		
Full Description of Missing Articles	Name & Address of Party from whom Purchased or by whom Presented	Replacement Price	Deduction for Age Use and/ or Wear and Tear	Sum claimed for Present Value	Remarks		
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SECTION 3	- CANCELLATION C	R INTERR	UPTION			
1. Nature of cla	aim, please give full details	S:				
2. Amount bein	ng claimed: Irrecoverable [Deposits and	Payments:			
Additional Ex	xpenses (Full details and	supporting Do	ocuments require	ed):		
3. The following	g relevant documents are	required in o	der to substanti	ate a claim:		
3.1 Medical Ce	ertificate stating that the Pa	atient was not	fit to travel, givi	ng full details		
3.2 Death Cert	ificate indicating CAUSE (OF DEATH				
SECTION 4 - FLIGHT DELAY						
1. Nature of de	lay:					
2. Date and tim	ne of delay					
3. Duration of o	delay:					
4. In the event of Strike/Derangement of Mango Employees:						
Where did S	trike/Derangement take p	lace?				
Duration of S	Strike/Derangement:					
(Letter from Mango confirming Strike/Derangement is required)						
5. Did you receive any form of Compensation or Alternative Travel Arrangements from the Carrier?						
Please give details:						
SECTION 5 AUTHORITY	- ELECTRONIC FUN Y	DS TRANS	SFER, DECL	ARATION AN	ID	
Account Numb	er: (No Credit Card)					
Account Holder's Name:						
Name of Bank:						
Type of Account:						
Branch Name:						
Branch Code:						
Attach confirmation of banking details (Copy of cancelled cheque or Bank statement)						





DECLARATION AND AUTHORITY

I/We declare that the above information is true and correct in every respect and that the signing of this claim form also constitutes written authority for the Company to inspect or investigate any Medical Records or Details relevant to this claim. I/We further declare that I am/we are aware that any misrepresentation and/or non-disclosure in respect of information provided herein shall render my/our claim null and void

Signed:	Dated:	20