

TRAVEL BAGGAGE CLAIM FORM

PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA Insurance) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission. NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organization; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you. Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

SECTION A : PERSONAL DETAILS

First Name: _____ Surname: _____
Date of Birth: _____ Occupation: _____
Nationality: _____ Passport Number: _____
Postal Address: _____ Postal Code: _____ Town: _____
E-Mail Address: _____ Mobile Phone: _____

SECTION B : POLICY INFORMATION

Policy Number: _____ Name of policy: _____
Date issued: _____ Policy start date: _____ Policy end date: _____
Date the loss occurred: _____ Number of insured travellers: _____
Please advise the section(s) of the policy you are making the claim under: _____
Total amount claimed: _____

SECTION C : TRAVEL DETAILS

Booking reference: _____ Booking Date: _____
Tour operator: _____
Departure date: _____ Return date: _____ Total days: _____ No. in party: _____
Destination country: _____ Destination city: _____

SECTION D : ELECTRONIC FUNDS TRANSFER DETAILS

You should ensure that your payment details are correct on this form. We shall not be responsible for any incorrect payments or delays arising as a result of the provision of incorrect information. We cannot accept responsibility for the security of the information on this form until it is received by us. We recommend you provide a cancelled cheque.

Name of the account holder: _____
Name of the bank: _____
Address of the bank: _____
Branch Code: _____ Currency of the account: _____
IBAN / Account Number: _____ SWIFT / BIC Code: _____

SECTION E : PERSONAL POSSESSIONS, BAGGAGE DELAY AND MONEY

Date & time the loss, theft or damage was discovered. Date _____ Time _____

Reported to: eg police, airline, cruise company etc _____ Date _____
 _____ Time _____ Reports attached? Yes No

If NO, why? _____

NB: If an airline was in possession of your baggage when the loss occurred, please ensure you contact them directly to log the incident. If you have not registered the loss with the airline, your claim may be delayed

If your items were in the custody of the airline please complete the following:

Flight number: _____ Date reported to the airline customer service dept.: _____

Property Irregularity Report (PIR) No.: _____ Airline customer service number: _____

Did you receive any compensation from the airline/ferry company etc? Yes No

If YES, please detail what compensation or cash settlement amount was received:

Please detail the circumstances surrounding the incident and the precautions taken to protect your property:

Where were the items located at the time of the loss, theft or damage?

Please detail the actions you took to attempt to recover your property?

Please complete for baggage delay claims

a) Date and time of your arrival in resort. Date _____ Time _____

b) Date and time you received your luggage. Date _____ Time _____

c) Total length of delay in HOURS & MINUTES Date _____ Time _____

Baggage delay claims only - detail the essential items purchased due to the delay (continue on a separate sheet if necessary).

No	Owners Name	Description of Item	Date of Purchase	Cost	Currency

IMPORTANT NOTE: THIS POLICY IS AN INDEMNITY POLICY WHICH WILL RESTORE THE SITUATION TO WHAT IT WAS AT THE TIME OF LOSS: THE VALUE OF ITEMS CLAIMED FOR IS CALCULATED BASED ON THE VALUE OF THE PROPERTY AT THE TIME IT WAS LOST, STOLEN OR DAMAGED. A DEDUCTION WILL BE MADE FOR WEAR, TEAR AND LOSS OF VALUE DEPENDING ON THE AGE OF THE PROPERTY.

Please complete the sections below that are relevant to your claim - BLOCK CAPITALS PLEASE

Details of damaged, stolen, destroyed or lost personal possessions (continue on a separate sheet if necessary).

Please provide full details of each item claimed for. (For cameras give make and model number, lens details etc. for watches give make, model, nature and quality of metal from which the case was made, type of strap, number of jewels etc. For jewellery give nature and quality of the metal content, size and type of stones etc.). Purchase receipts, valuations or other documentation to substantiate ownership should be provided wherever possible.

Description of Item	Owners Name	Place of Purchase	Date Acquired	Purchase Method	Purchase Price

Details of damaged, stolen, destroyed or lost money (continue on a separate sheet if necessary).
 Currency exchange slips or bank statements showing the withdrawal of the cash claimed must be provided.

Owner of currency	Amount of cash & travellers cheques taken on trip			Amount of cash lost or stolen during the trip	
	Travellers cheques	Cash	Currency	Cash	Currency

Loss of passport claims only - detail the expenses you incurred in obtaining a replacement passport or travel document (continue on a separate sheet if necessary).

Owners Name	Expiry Date of Original Passport

SECTION E : PERSONAL POSSESSIONS, BAGGAGE DELAY AND MONEY

	Date	Cost	Currency
Travel			
Accommodation			
Additional			
Total expenses			

Other Insurance Details

Are the items insured by any other policy you have? Such as a travel agent, bank account or credit card policy? Yes No

Do you or the home you reside in have a household contents insurance policy in place? Yes No

PLEASE NOTE: Where 2 policies cover the same loss it is normal practise for both insurers to share the cost.

If YES, state the details of your household contents insurance

Insurer name _____ Policy number _____

Insurer address _____

Telephone number _____ Policy Holders Name _____

Please provide details of any previous claims made on a household or travel insurance policy for similar circumstances.

Has the other insurer been notified? Yes No

If yes, please provide details and/or case reference number::

SECTION F : CONSENT & DECLARATION

Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting ncbainsurance@ncbagroup.com.

I consent

I do not consent

Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for NCBA Insurance to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

Name: _____

Signature: _____ Date: _____

(If Corporate)

Name: _____

Designation: _____

Company Stamp and Date: