

TRAVEL PUBLIC LIABILITY AND PERSONAL ACCIDENT CLAIM FORM

PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA-IG) 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 organisation; 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: _____
 Mobile Phone: _____ E-Mail Address: _____

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 ACCIDENT OR PERSONAL LIABILITY EXPENSES

Do you hold other insurance that may also cover you for the above circumstances?
 E.g household, bank, motor or employers liability? Yes No

NB: A contribution payment is normal practise where 2 policies cover the same loss, this will not affect any no claims discount on that policy

If YES, please supply the following details:

Company name: _____ Address: _____
 Contact No.: _____ Policy number: _____

SECTION F : PERSONAL LIABILITY

Only applicable for claims where a 3rd party is claiming damages/compensation from you

Which of the following are you being held liable for?

Damaging or losing someone else's property Yes No

Injuring someone? Yes No

Have you instructed solicitors to represent you at this time? Yes No

If YES, please supply the following details:

Name: _____ Contact details: _____

Please describe the circumstances which caused you to claim under any of this section:

SECTION G : PERSONAL ACCIDENT

Only applicable for claims where a sudden, unexpected and specific event, external to the body, occurs at an identifiable time and place.

Which permanent disability is being claimed for?

Loss of limb Yes No Permanent loss by physical separation at or above the wrist or ankle or permanent and total loss of use of a limb

Loss of life Yes No Loss of life as a result of sudden, unexpected and specific event external to the body

Permanent total disablement Yes No The inability to continue in any occupation

Other Yes No Please consult your policy wording to determine whether there are other categories you may claim against

Please describe the circumstances which caused you to claim under any of this section:

SECTION H : CONSENT AND 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: