



INSURANCE

Medical & Emergency Travel Expenses

Please complete, print and mail this form with the required documentation to Diners Club - P.O. Box 777 Dubai, U.A.E (allow 10-14 working days for process)

Name of Claimants(s):

Relationship to Cardmember:

Date of Claim:

Nature of Disability (describe complications if any):

Medical History of Disability:

Has Claimant ever had same or similar Condition?

Yes No

Type of Travel & Hotel Accommodation Expenses paid with Cardmember's Diners Club Card:

Required Documentation

1. ALICO's Accident Dismemberment Claim Report Form
2. Detailed Medical Report issued by a Specialist, assessing the degree of disability
3. Other requirements according to injury, such as X-Ray Films, C.T. scan or MRI
4. In case of an aircraft crash, a letter from the airline is required to confirm that the Insured was on board
5. Police Report