



INSURANCE

Flight Delay (4 hours and above)

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):	<input type="text"/>
Relationship to Cardmember:	<input type="text"/>
Date of Claim:	<input type="text"/>
Reason for Flight Delay:	<input type="text"/>
Airline:	<input type="text"/>
Flight Number (if applicable):	<input type="text"/>
Expected Time of Departure:	<input type="text"/>
Time of Arrival:	<input type="text"/>
Place of Arrival:	<input type="text"/>
Type of Expenses Incurred and from whom:	<input type="text"/>

Required Documentation

1. Copy of the Claim made to the Carrier or his authorized agent
2. Evidence from the Airline/Airport Authority specifying the delay period and the reason for the delay
3. Original Itemized Bills & Receipts
4. Air Ticket