

### Travel Insurance Claim Guide



QUEM CONQUISTA, CUIDA

### **Travel Insurance Claim Guide**

Always know how to proceed in case of an accident

### What to do in case of an accident?

### If abroad:

In the event of a claim occurring while traveling abroad, you must, within a maximum of 24 hours, contact the
 Customer Service Line +244 923 165 166 | +244 226 165 165

### If in Angola:

In the event of a Travel claim, you must, within a maximum of 8 working days, contact FORTALEZA Seguros through one of the following options:
 Customer Service Line +244 923 165 166 | +244 226 165 165
 E-mail: info@fortalezaseguros.ao

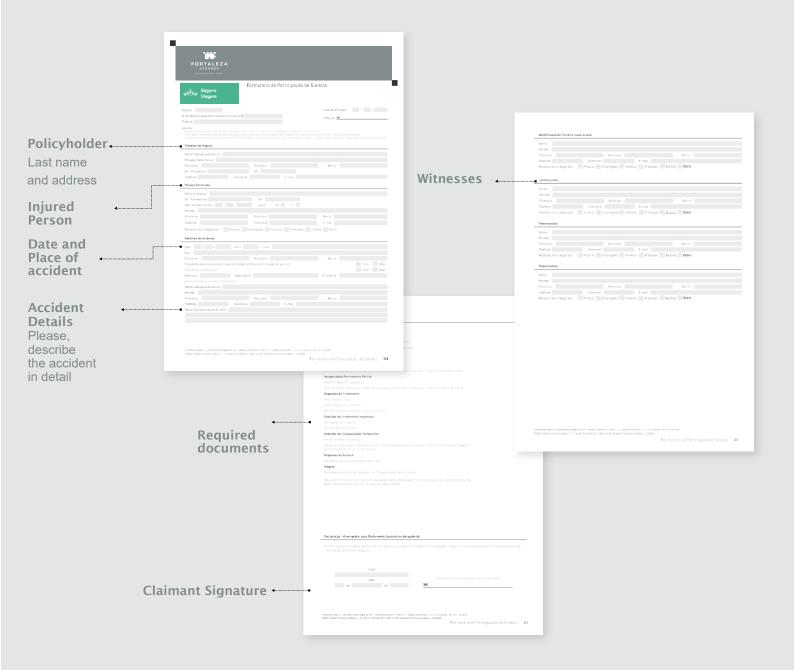
### Which documents are necessary for reporting a claim?

If in Angola, the following documents must be submitted:

- □ Travel Insurance Claim Form, with as much detail and accuracy as possible
- Copy of Identification Document
- □ Proof of expenses incurred, in order to safeguard possible repayment of these expenses
- □ Copy of notification to the authorities in case of luggage theft
- □ Other supporting documentation (e.g. medical reports, prescriptions, etc.)

## How to fill out the Travel Insurance Claim Form?

Information to consider when filling out the Form:



### Remember:

- Please make sure to apply enough pressure on the pen so that the form can be filed out in duplicate
- Always provide a phone number and e-mail in order to speed up the process



# Travel Insurance Claim Form



QUEM CONQUISTA, CUIDA



### Insurance Claim Form

Policy		Entry Date	/ /
Case Identification Number (Company)		Signature 🗰	
Product			
Warning:  • While your claim is under consideration, your properties of the second to	ne documents identified below, which		
Policyholder			
Name/ Corporate Name			
Address/ Head Office			
Province	Municipality	Neighborhood	
ID/ Passport	Tax		
Phone Mobile I	Phone E-m	ail	
Injured Person			
Full Name			
ID/ Passport	Tax		
Date of Birth	Gender M	F	
Address Province	M 15	N	
Phone	Municipality	Neighborhood	
Relationship with the	Phone	E-mail	
Insured Person Myself	Employee Family member	Supplier Customer Other	
Details of the accident			
Date Hour	Place		
Street			
Province	Municipality	Neighborhood	
The accident took place in the course o	f your professional activity/se	rvice	Yes No
In case of a traffic accident			Yes No
Vehicle registration plate	Insurance Provider	Policy Nun	nber
Who provided first assistance?			
Name/Corporate Name			
Address			
Province	Municipality	Neighborhood	
Phone Mobile p	phone E-m	nail	
<b>Brief</b> description of the Accident			

#### Identification of the Third Party (if any) Name Address Province Municipality Neighborhood Phone Phone E-mail Relationship with Myself Employee Family Supplier Customer Other the Insured Person member Witnesses Name Address Province Neighborhood Municipali Phone Phone E-mail Relationship with Myself Employee Family Supplier Customer Other the Insured Person member Witnesses Name Address Neighborhood Province Municipali Phone Phone E-mail Relationship with Myself Employee Family Supplier Customer Other the Insured Person member Witnesses Name Address Province

E-mail

FORTALEZA Segura, Companhia de Seguros S.A. | Legal Person no. 6849/15 | Share Capital AOA 1,921,473,000.00 | Tax ID no. 5417407844 Cidade Financeira, Bloco 2 - 5° andar, Fracções 501 e 502, Talatona - Município de Belas, LUANDA

Municipali

Employee Family

member

Phone

Myself

Phone

Relationship with

the Insured Person

Neighborhood

Supplier Customer Other



### FORTALEZA Seguros

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