2026-2027 Personal Effects Claim Form

CareMed
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Name of Insured:
Program Name: **PAX-PROGRAM OF ACADEMIC EXCHANGE 2026-2027**

Full Name of Covered Person: (Mr., Mrs., Miss, Ms)	Date of Birth:
Full Address:	Zip/Postal Code:
Tel No. E-Mail Address:	

TRAVEL DETAILS

Please give date of loss/damage/theft: In which country did the loss/damage/theft occur:
Please give full details of the loss/damage/theft:
To whom was the loss/damage/theft reported? On which date was the loss/damage/theft reported?

Notes:

1. All losses should be reported to the local police and a report obtained. A police report is required for all claims.
2. All losses or damaged property which occurred while in the custody of an airline should be submitted to the airline as primary. If claim is rejected by the airline, you may submit a claim with copy of the rejection.

The following exclusions apply:

- loss of money, notes, securities, tickets and documents (driver's licenses, passports, passes, etc.)
- jewelry, watches, articles consisting in whole or in part of silver, gold or platinum and furs
- animals, automobiles, automobile parts and equipment, motorcycles, skis, bicycles, boats, motors or other conveyances
- any kind of glasses (including sunglasses) and contact lenses
- breakage of articles or a brittle nature unless caused by thieves
- loss or damage caused by, or resulting from, declared or undeclared war
- loss due to wear, tear, gradual deterioration or negligence on the part of the Insured.

PLEASE ENSURE THE APARTICULARS OF CLAIM FORM IS FULLY COMPLETED AND ATTACHED.

DECLARATION

I declare that all the information given is to the best of my knowledge and belief, full, true and correct.

Signed:_____ Date:_____

PARTICULARS OF CLAIM

Full description of each item of property lost, damaged or stolen	State to whom property belonged	Date of Purchase	Original Cost Price	Receipts/ Replacement Estimates Attached (/)

TOTAL SUM CLAIMED