

1. FLIGHT/TRAVEL ACCIDENT CLAIM

Please complete, print and mail this form along with the required documents given under to the following address:

Marketing Division, Diners Club, P.O. Box 7684, Jeddah 21472

Name of Claimant(s):

Relationship to cardmember:

Date of Accident :

Conveyance in which accident occurred :

Type of Accident * :

Itinerary and purpose of journey: (Include points of departure and destination):
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Description of accident and injuries incurred:

Local authorities to be contacted:

Documents to be attached to the claim form:

1. Claimant's statement proving to their rights as beneficiary in case of death.
2. Police Report, Physician's Statement and that of other authorities.
3. Original Death Certificate
4. Copy of Deceased's passport
5. A report from the transport authorities detailing the accident and confirming the deceased was on board.
6. Proof of using Diners Club card to purchase ticket for travel, petrol for privately owned automobile along with itinerary of business travel.

If the insurance company requires any more documents, such will be communicated to the claimant.