

5. Medical & Emergency Travel Expense Claim

Please complete, print and mail this form along with required documents to :

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

Name of Claimant(s) :

Relationship to cardmember:

Date of claim:

Nature of Disability (describe complications if any):

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Medical History of Disability:

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Has claimant ever had same or similar conditions: Yes No

Type of travel & hotel accommodation expenses paid with Diners Club Card:

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Documents Required:

1. Insurance company's Accident Dismember 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, CT Scan or MRI
4. In case of an aircraft crash, a letter from the airline confirming that the insured was on board at the time of crash.
5. Police Report.