

6. Personal Liability

Please print, complete and mail this form to reach the following address within two weeks of incident:

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

Name of Claimant(s):

Relationship to cardmember:

Date of Occurrence:

Description of trip on which event occurred, transportation used, place of departure, destination:

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Type of travel & hotel accommodation expenses paid with cardmember's Diners Club card:

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Circumstances (full details):

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Legal Proceedings:

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Likely to result:

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Persons of Authority to be contacted for follow ups:

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Required Documents:

Diners Club International will make contact with company to raise this claim for settlement with AIG/ALICO Company