What to Do When Filing Travel Insurance Claims

Dear Insured,

Your file has been opened based on the damage report you submitted to us. The following points will help you track your file. PLEASE READ CAREFULLY.

- Your file number ise indicated in the subject line (and/or) cover section of this notification. This number will be used in all correspondence and communications.
- We kindly request that you send us the original damage documents we have requested from you as soon as possible.

Documents Required fort he Assessment of Travel Insurance Claims

Documents Required for Baggage Loss/Delay and Property Loss Compensation Claims

1. Copy of travel ticket
2. Copy of ID
3. Copy of passport pages containing the entry and exit stamps of the country traveled to and the passport holder's information
4. Baggage loss report issued by the airline in case of loss or delay of baggage
5. Detailed list of lost baggage and personal items, including their prices
6. Purchase receipts for items in the baggage
7. Original receipts documenting your necessary/urgent needs due to baggage delay
8. Document showing whether the airline has made a payment to you due to baggage loss
9. Letter issued by the airline stating that the baggage could not be found after the search period expired
10. A fully completed sample of the compensation claim form
11. Information Notice Regarding the Processing of Personal Data

Documents Required for Compensation Claims for Trip Cancellation/Delay/Missed Flight/Interruption

1. Copy of travel ticket
2. Copy of ID
3. Photocopy of passport pages containing the entry and exit stamps of the country visited and the passport holder's information
4. Photocopy of the passport page showing the visa obtained for the country to be visited
5. Tour Contract
6. Original receipts and invoices documenting payments made to the tour company
7. Cancellation invoice/refund receipt or receipt from the tour company
8. In case of interruption/cancellation of the trip, the insured person's/official spouse/mother/father/sibling/child's doctor's report/epicrisis/death report and document proving their relationship
9. If caused by a natural disaster: written approval from the competent authority regarding the nature and duration of the natural disaster
10. A fully completed sample of the compensation declaration form
11. Information Text Regarding the Processing of Personal Data

Documents Required for Treatment Expense Compensation Claims

1. Copy of travel ticket
2. Copy of ID
3. Photocopy of passport pages containing the entry and exit stamps of the country visited and the passport holder's information
4. Medical summary/doctor's report containing the complaint, medical history/case history, diagnosis, and treatment administered, all test results, and prescriptions
5. Originals of invoices and payment receipts for payments made to healthcare institutions
6. A fully completed sample of the compensation claim form
7. Information Notice Regarding the Processing of Personal Data

Documents Required for Permanent Disability Compensation Claim Resulting from an Accident

1. Copy of travel ticket
2. Copy of ID
3. Copy of passport pages containing the entry and exit stamps of the country visited and the passport holder's information
4. Medical summary/doctor's report containing the complaint, medical history/case history, diagnosis, and treatment administered, along with all test results
5. Report related to the accident
6. Prosecutor's indictment/prosecution decision
7. Permanent disability report from the Health Board showing the percentage of total loss of bodily function
8. A fully completed sample of the compensation declaration form
9. Information Text Regarding the Processing of Personal Data

Documents Required for Compensation Claims for Loss of Life Due to an Accident

1. Copy of travel ticket
2. Copies of the insured person's and beneficiaries' identity documents
3. Copies of the insured person's passport pages containing their photo, passport holder information, and entry and exit stamps for the country they traveled to
4. Certificate of inheritance
5. Certified copy of family registry record
6. Post-mortem examination report / Autopsy report
7. Burial permit / Burial license
8. Report related to the accident
9. Prosecutor's indictment/Prosecution decision
10. A fully completed copy of the compensation declaration form
11. Information Text Regarding the Processing of Personal Data

Documents Required for Funeral Transportation Compensation Claims

1. Photocopy of travel ticket
2. Photocopy of ID
3. Photocopy of passport pages containing the entry and exit stamps of the country traveled to and the passport holder's information
4. Photocopy of the ID of the person paying the funeral expenses and signed bank account information
5. Death certificate
6. Burial permit / Burial license
7. Form authorizing the transfer of the deceased to the country
8. Original invoices related to funeral expenses (coffin, transportation, etc.)
11. A fully completed sample of the compensation declaration form
12. Information Text Regarding the Processing of Personal Data

Important Notes

1- The above documents are standard; additional documents may be requested depending on the amount and nature of the damage. Receipt of the damage report and opening of the damage file does not in any way imply acceptance of the damage and compensation claim by the insurance company. The submission of the specified damage documents, especially payment documents and invoices that will form the basis of compensation, does not in any way constitute evidence that the insurance company will pay the damage compensation. The insured is obligated to determine the reasons for the occurrence of the insured risk in detail and to submit all evidence regarding the amount of damage to the insurer as soon as possible. Only after the submission of the relevant documents will the insurer evaluate the case within the framework of the policy conditions and decide whether the damage will be paid or, if so, the amount to be paid.

2- Pursuant to Article 1446 of the Turkish Commercial Code;

(1) The insured shall notify the insurer without delay upon learning that the risk has materialized.

(2) If the failure to notify or the late notification of the occurrence of the risk has resulted in an increase in the indemnity or compensation payable, a deduction shall be made from the indemnity or compensation in proportion to the degree of fault.

(3) If the insurer has already become aware of the occurrence of the risk, it shall not be entitled to benefit from the provisions of the second paragraph.

3- According to the Regulation on Misconduct in Insurance, any act aimed at providing unjust benefit to one or more of the parties in the insurance relationship or persons playing a role in this relationship constitutes misconduct in insurance, and when a claim for compensation is rejected due to suspicion of misconduct in insurance, the necessary data related to this damage is entered into the database maintained by the Insurance Information Center.
Information technology-based controls that enable systematic risk assessment are established in this database, and companies can use the information in this database for underwriting and risk assessment. In cases where the Center determines that the improper insurance practice is criminal in nature, it may report this information in the database to the relevant judicial authorities and SEDDK.

Additional Information

• After the incident that caused the claim occurs, you can report it by calling us at 444 1 244 and obtain information about the status of your file. (For calls from outside Istanbul, Ankara, and Izmir, please use the area code 0.216)
• In accordance with Law No. 5549 and the Regulation on Measures to Prevent Money Laundering and Terrorist Financing published in Official Gazette No. 26751, in order to fulfill the obligation to identify the beneficiary, address, and transaction in insurance transactions, the beneficiary, and/or the party to whom the payment is made. The relevant form will be sent to you upon completion of the file.
• In accordance with insurance legislation, we are a member of the arbitration system. You can find detailed information at www.sigortatahkim.org.
• For your compensation payments, please fill in the bank information section on the “Compensation Declaration Form”. Also, if sent to you, sign and send the “compensation receipt and release form.” If your file is approved, your compensation will be deposited into your account via wire transfer. Therefore, be sure to indicate the bank name, branch name, and IBAN number on the compensation declaration form and compensation receipt/release form, fill in all relevant fields, and sign.
• Please send us the documents required for the assessment of your claim as soon as possible.
• If you wish to send the documents by fax, please write the file number and the recipient's name on the document and send it to 0216 575 97 77. Please confirm receipt.
• If the compensation is to be collected by someone other than the insured person, you must obtain a notarized power of attorney authorizing “receipt, settlement, and release.” Otherwise, it will not be possible for the compensation to be collected by another person.
• If the party receiving the compensation is a Company, the “compensation receipt and release form” must be stamped and signed by persons authorized to represent the company. In addition, the company's signature circular, commercial registry record, and tax certificate photocopy must also be presented.
• Your claim for compensation will be settled as soon as possible after all your documents have been submitted to the file, in accordance with the General and Special Conditions of your policy.
• Please note that your coverage is limited to the scope and limits specified in your policy.
• To use emergency medical transport coverage, you must first call Gig Insurance Assistance Service at 0216 681 75 45 and obtain approval from Gig Insurance Inc.

• Information messages/letters regarding your claim file will be sent to the mobile phone number and/or email address and/or home and/or work address you have provided to your insurance company or agent. If you do not wish to receive these messages/letters, please notify us by email at iletisim@gig.com.tr.

Sharing Personal Information

This Disclosure Statement has been prepared by GIG SİGORTA A.Ş., acting as the data controller, to fulfill its disclosure obligation under the Personal Data Protection Law No. 6698 (KVKK) and to inform visitors to our Company's website and our customers. You can click the link to read the entire text.
https://www.gig.com.tr/uploads/file/kvkk-aydinlatma-metni.pdf

E-Invoice

Pursuant to the “Tax Procedure Law General Circular No. 421” published in the Official Gazette No. 28497 on December 14, 2012, our company has been included in the electronic bookkeeping and electronic invoicing system. If insured legal entities wish to claim VAT on compensation payments, they may send an electronic reflection invoice on behalf of our company after obtaining information from the claims file manager in advance.

Contact Information
Trade Name: GIG Insurance Inc. (Formerly Gulf Insurance Inc.)
Trade Registry Number: 857584
Place of Registration: Istanbul Trade Registry Directorate
Tax Office: LARGE TAXPAYERS
Tax Number: 871 052 3623
Company Headquarters: İnkılap Mah. Dr. Adnan Büyükdeniz Cad. No:4 Suite: 10-11-12 Ümraniye / ISTANBUL
Website: www.gig.com.tr
Customer Contact Center : 4441244
Phone : 0216 400 2 400
Fax : 0216 575 97 77

- Please send your damage documents to the address closest to you from the following addresses.

Karadeniz ve İç Anadolu Bölge Müdürlüğü	**Ege Bölge Müdürlüğü**	**Güney Anadolu Bölge Müdürlüğü**	**Güney Marmara Bölge Müdürlüğü**	**K.K.T.C Şube Müdürlüğü**	**İstanbul Bölge Müdürlüğü**
Mustafa Kemal Mah. 2123. Cad. No:2/D Cepa Ofis K:12 1203/1204 Çankaya/Ankara Pbx: 0312 466 67 00 Faks: 0312 466 67 07 ankara-bolge@gig.com.tr	The Mercer İş Merkezi Halit Ziya Bulvarı. No:1, Kat:4 Daire: 23/24 Konak-İzmir Pbx: 0232 425 66 61 Faks: 0232 425 65 99 izmir-bolge@gig.com.tr	Reşatbey Mahallesi. Atatürk Cad. Gen İş merkezi No:22 K.6. Daire:18 Seyhan-Adana Pbx: 0322 459 41 15 – 17 - 20 Faks: 0322 459 42 28 adana-bolge@gig.com.tr	Odunluk Mah. Akpınar Cad. No:15/A K:3 D:15 Efe Towers Nilüfer /Bursa Pbx: 0224 224 33 95 Faks: 0224 224 16 64 bursa-bolge@gig.com.tr	Osmanpaşa Caddesi No:2 D:14 Lefkoşa / KKTC Pbx: 0 392 227 57 84 Faks: 0 392 227 61 54	İnkılap Mah. Dr. Adnan Büyükdeniz Cad.No:4 Daire : 10-11-12 Ümraniye / İSTANBUL Pbx: 0 216 400 24 00 Faks: 0 216 575 97 77

Complaint Report

You can send any complaints, requests, and suggestions to the email address “iletisim@gig.com.tr” or to the Customer Contact Center at 444 12 44.
You can also submit your complaints to the Turkish Insurance Association (www.tsb.org.tr), the Insurance and Private Pension Regulation and Supervision Agency affiliated with the Ministry of Treasury and Finance, via e-government (https://www.turkiye.gov.tr/) in accordance with the 2011 Circular.

Turkish Insurance Association address: Barbaros Mahallesi Palladium Tower
Kardelen Sokak No: 2 Kat: 27, 31, 34, 35
Ataşehir / İstanbul
Tel: 0 (216) 655 69 00 - 01
Fax: 0 (216) 577 72 55

Best Regards,
GIG SİGORTA A.Ş (Old Name Gulf Sigorta A.Ş.)
CLAIMS SERVICE

TRAVEL INSURANCE CLAIM FORM

Dear Insured, please answer below questions.

Name, Surname: ..... PNR/Certificate/Policy No :.....

Home/Work Phone No: ..... Mobile Phone No: ..... E-mail: .....

Address:.....
.....

Please state the name and telephone number of the person to contact instead of you:

.....

PLEASE,ANSWER RELATED QUESTIONS WITH YOUR DEMAND

LOSS/DELAY OF CHECKED BAGGAGE AND PERSONEL EFFECTS LOSS

Please describe when & where the loss/delay took a place:

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Please state loss amount: ..... Please state name of the common carrier:

.....

Scheduled date/time/city of baggage arrival to you: ...../...../..... .....:.....

.....

Actual date/time/place baggage delivered to you: ...../...../..... .....:.....

.....

Please state compensation received from Airline/Travel Firm:

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TRIP CANCELLATION/DELAY/INTERRUPTION AND MISSED DEPARTURE

Please describe how, where & when the cancellation/delay/interruption/missing took place:

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.....

Did you get a visa? : Yes ☐ No ☐ If yes, please provide the valid date: ...../...../..... -----
...../...../.....

Please state amount of trip (Airline / Travel Firm):

.....

Please state compensation received from Airline/Travel firm:

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Have you ever been treated for the illness which caused trip cancelation or interruption? Yes ☐ No ☐ If yes, provide date and name of hospital…

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MEDICAL REIMBURSEMENT/ ACCIDENTAL PERMANENT DISABILITY

For accident; please state how, when, where the accident took place:

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For illness; please state when, where symptoms first occurred and which diagnosis treated:

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Have you ever been treated for this illness before? Yes ☐ No ☐ If yes, provide date and name of hospital:

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Please provide your illness which diagnosed before travel:

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If you have any other health/travel insurance, please provide Insurance Company' names:

.....

Please state total medical expenses amount/paid or not paid, if paid by whom and amount:

.....

.....

ACCIDENTAL DEATH / REPATRIATION

Please state the reason of death:

.....

Have you ever been treated for the illness which caused death? Yes ☐ No ☐ If yes, provide date and name of hospital.....

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Please state who paid repatriation expenses and provide amount:

.....

LEGAL FEES/ BAIL BOND / ROBBERY

Please describe incident:

.....

.....

Once your claim has been approved, please fill in **your active, current** and **TRY** bank account details in the below section for the indemnity payment

Account Owner: .....Bank name: ..... Branch Name/Code: .....

IBAN: ___

- **I do declare and certify by my signature that the above information is true and correct. I further declare and agree that payment of indemnification will be made based on the information I provided on this form. If above information be proved false or anything contrary is found , I understand and accept irrevocably that GIG Sigorta is at liberty to exercise of all legal rights. I also agree to submit/ provide all claim related documents to the insurance company.**
- I hereby, automatically authorize through the policy, this declaration and the pre-authorization, that all claim related documents, to furnish the insurance company, or its authorized representative, any and all information pertinent to this claim, a copy of this authorization shall be deemed as effective and as valid as the original.

Name, Surname: **Signature** **Date: ...../...../.....**