
HOW TO FILE A CLAIM

To make a claim for benefits under this policy, *your* written proof of claim and *your* fully completed AMA Travel Insurance claim form(s) must be submitted to *us* within 90 days after the event, but not more than 2 years after the date of such event or loss. More information on the documentation that must be submitted with *your* written proof of claim is provided below.

SUBMITTING YOUR CLAIM

You must substantiate *your* claim by providing the documents described in the applicable insurance coverage(s) below. (The *Insurer* is not responsible for charges levied in relation to any such documents).

Indicate *your policy* number on all correspondence and send the claim form and all required documents to:

AMA Travel Insurance
c/o Active Care Management Inc.
P.O. Box 308 Station A
Windsor, Ontario N9A 6K7

- Phone Numbers: 1-855-330-8330 or +1-519-988-7039 collect where available.
- Email: orionclaims@acmtravel.ca

PAYMENT TO MEDICAL PROVIDERS

AMA Assistance will pay *hospitals, physicians* and other medical providers directly, whenever possible. While most medical providers will agree to accept direct payment from *us*, there are some providers who will require that you pay them directly.

Where direct payment cannot be arranged, *we* will **reimburse** eligible expenses on the basis of *reasonable and customary costs*.

Please note that some benefits are **reimbursable** on *your* return. Check the particular benefit section for the insurance coverage(s) *you* have purchased to see which benefit(s) this applies to.

EMERGENCY MEDICAL INSURANCE and VISITORS TO CANADA MEDICAL PLAN

1. A completed Medical Expenses Claim Form (provided by *AMA Assistance* upon notification of claim), and the applicable Provincial Health Plan Consent Form.
2. For accidental dental expenses *you* must provide an accident report from the *physician* or dentist.
3. Original itemized bills from the licensed medical provider(s) stating the patient's name, diagnosis, date and type of *treatment*, and the name, address and telephone number of the provider, as well as the original transaction documents proving that payment was made to the provider. (For Canadians covered by *GHIP*, copies of itemized bills are accepted only if the *Insured* has already dealt directly with *GHIP*).
4. Original prescription drug receipts from the pharmacist, *physician* or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
5. For out of pocket expenses: an explanation of expenses accompanied by the original receipts.
6. Proof of travel (including *departure date* and *return date*); and
7. *Your* historical medical records (if *we* determine applicable).

TRIP CANCELLATION AND TRIP INTERRUPTION INSURANCE

Benefits under this insurance coverage are payable to *you* unless *you* authorize and direct the *Insurer*, in writing, to pay the eligible claim amount to a third party.

1. A completed Trip Cancellation and Trip Interruption Claim Form (available by contacting *AMA Assistance*). *We* need proof of the cause of the claim, including:
 - a. if *your* claim is for medical reasons, a medical certificate completed by the attending *physician* stating why travel was not possible as booked and a copy of the entire medical file of any person whose health or *medical condition* is the reason for *your* claim; or
 - b. a report from the police, airline, cruise, tour operator or other responsible authority documenting the reason for the delay if *your* claim is due to misconnection.
2. Original invoices and receipts.
3. Original tickets.
4. Other supporting documentation as requested.
5. For *default* coverage: written notice of claim must be submitted within 60 *days* of the *day* on which the *travel supplier* announces that it is in *default*.
 - a. copies of receipts and proofs of payment to *travel suppliers*;
 - b. copies of unused transportation or accommodation documents; and
 - c. where appropriate, evidence of claim to or reimbursement from any federal, provincial or other compensation fund or any other source (including credit card companies) that is legally responsible or under contract to reimburse *you* for the cost of the undelivered *travel services*.

TRIP CANCELLATION

1. For cancellation due to a disaster or event independent of any intentional act or negligence, accident on the way to departure, jury duty, subpoena, transfer or involuntary loss of employment: a legal certificate (police report, the summons and/or subpoena, record of employment) confirming the circumstances of the cancellation and a letter from *your* employer (if applicable).
2. For penalties: a copy of the *travel supplier's* or the airline's publication confirming the cancellation penalties imposed.

TRIP INTERRUPTION

1. For out of pocket expenses: an explanation of expenses in the event of a late return, along with original receipts.
2. For death or repatriation: a death certificate accompanied by receipts from the funeral home, airline, etc.

TRAVEL VOUCHER

In addition to the items required under Trip Cancellation and Trip Interruption Insurance, *you* must also submit:

1. Satisfactory evidence that *you* have booked and paid for a replacement *trip*.
2. An itemized Travel Agency invoice, for the replacement *trip*, showing fares, deposits, travel dates, final payment and date thereof.
3. A copy of the Travel Insurance *policy* for the replacement *trip*.

TRAVEL ACCIDENT INSURANCE

For forms and instructions, contact *AMA Assistance*.

BAGGAGE INSURANCE

1. A completed claim form available by contacting *AMA Assistance*.
2. For loss:
 - a. a report by the police or the hotel manager, tour guide or transportation authorities in whose custody the insured property was at the time of loss;
 - b. adequate proof of loss, (original purchase receipts, original replacement receipts or original replacement estimates on store stationery or letterhead) ownership and itemized value.
 - c. a Property Irregularity Report when luggage is lost or damaged while in the custody of the airline or *common carrier*.
3. For baggage delay you must supply proof of delay of checked baggage from the *common carrier* and original receipts of purchase:
 - a. original itemized receipts for expenses actually incurred;
 - b. a copy of the baggage claim ticket;
 - c. copy of *your* airline or *common carrier* ticket;
 - d. verification delay of checked baggage from the airline or *common carrier* including the reason and the duration of the delay; and
 - e. a copy of the delivery receipt

BOUNCEBACK INSURANCE

For forms and instructions, contact *AMA Assistance*.

RENTAL VEHICLE DAMAGE INSURANCE

1. A completed claim form available by contacting *AMA Assistance*.
2. An official police accident report.
3. A copy of the signed rental agreement.
4. A copy of the *commercial rental agency's* damage report.
5. A complete copy (front and back) of driver's license.
6. A copy of damage or repair estimate.
7. A copy of personal or business vehicle insurance policy.
8. Proof of settlement (denial or payment) from personal or business vehicle insurance policy.