



# Travel Insurance Claim Guide



**FORTALEZA**  
SEGUROS

QUEM CONQUISTA, CUIDA

# Travel Insurance Claim Guide

Always know how to proceed in case of an accident

## What to do in case of an accident?

If abroad:

- In the event of a claim occurring while traveling abroad, you must, within a maximum of 24 hours, contact the **Customer Service Line +244 923 165 166 | +244 226 165 165**

If in Angola:

- In the event of a Travel claim, you must, within a maximum of 8 working days, contact FORTALEZA Seguros through one of the following options:  
**Customer Service Line +244 923 165 166 | +244 226 165 165**  
**E-mail: [info@fortalezaseguros.ao](mailto:info@fortalezaseguros.ao)**

## Which documents are necessary for reporting a claim?

If in Angola, the following documents must be submitted:

- Travel Insurance Claim Form, with as much detail and accuracy as possible
- Copy of Identification Document
- Proof of expenses incurred, in order to safeguard possible repayment of these expenses
- Copy of notification to the authorities in case of luggage theft
- Other supporting documentation (e.g. medical reports, prescriptions, etc.)

# How to fill out the Travel Insurance Claim Form?

Information to consider when filling out the Form:

**Policyholder**

Last name and address

**Injured Person**

Date and Place of accident

**Accident Details**  
Please, describe the accident in detail

**Tomador de Seguro**  
Nome: \_\_\_\_\_  
Município: \_\_\_\_\_ Estado: \_\_\_\_\_  
Endereço: \_\_\_\_\_  
Cidade: \_\_\_\_\_ Estado: \_\_\_\_\_  
CEP: \_\_\_\_\_

**Pessoa Sinistrada**  
Nome Completo: \_\_\_\_\_  
Data de Nascimento: \_\_\_\_\_  
Município: \_\_\_\_\_ Estado: \_\_\_\_\_  
Cidade: \_\_\_\_\_  
CEP: \_\_\_\_\_

**Dados do Acidente**  
Data: \_\_\_\_\_ Hora: \_\_\_\_\_ Local: \_\_\_\_\_  
Município: \_\_\_\_\_ Estado: \_\_\_\_\_  
Cidade: \_\_\_\_\_  
CEP: \_\_\_\_\_

**Witnesses**

**Identificação de Terceiros (caso exist) - Testemunhas**  
Nome: \_\_\_\_\_  
Município: \_\_\_\_\_ Estado: \_\_\_\_\_  
Cidade: \_\_\_\_\_  
CEP: \_\_\_\_\_  
Relação com o Segurado: \_\_\_\_\_

**Testemunhas**  
Nome: \_\_\_\_\_  
Município: \_\_\_\_\_ Estado: \_\_\_\_\_  
Cidade: \_\_\_\_\_  
CEP: \_\_\_\_\_  
Relação com o Segurado: \_\_\_\_\_

**Testemunhas**  
Nome: \_\_\_\_\_  
Município: \_\_\_\_\_ Estado: \_\_\_\_\_  
Cidade: \_\_\_\_\_  
CEP: \_\_\_\_\_  
Relação com o Segurado: \_\_\_\_\_

**Required documents**

**Incapacidade Permanente Parcial**  
Relatório Médico completo  
Autenticado pelo médico, sempre que o sinistro ocorrer de fato como acidente de viagem.

**Despesas de Tratamento**  
Informação Clínica  
Prescrição Clínica (Receita)  
Recibo de Serviços Hospitalares, Clínica, Farmácia, etc.

**Despesas de Funeral**  
Recibo de Serviços de Funerária

**Declaração - A completar pelo Reclamante (assinatura obrigatória)**  
As informações prestadas estão corretas. Acto ou qualquer: Empregado, Ex-empregado, Dependente ou qualquer outra pessoa a quem informações a Particular Seguro.

Local: \_\_\_\_\_  
Data: \_\_\_\_\_ de \_\_\_\_\_ de \_\_\_\_\_  
Assinatura do titular de uma cópia deste formulário

**Claimant Signature**

## Remember:

- Please make sure to apply enough pressure on the pen so that the form can be filed out in duplicate
- Always provide a phone number and e-mail in order to speed up the process



# Travel Insurance Claim Form



**Travel  
Insurance**

## Insurance Claim Form

Policy  Entry Date  /  /   
Case Identification Number (Company)  Signature   
Product

**Warning:**

- While your claim is under consideration, your payment commitments must be kept
- Please, fill out this form completely and send the documents identified below, which are essential for the quick resolution of this case
- The documentation must be sent to FORTALEZA Seguros | Cidade Financeira, Bloco 2 - 5º andar, Fracções 501 e 502, Talatona - Município de Belas, LUANDA

### Policyholder

Name/ Corporate Name   
Address/ Head Office   
Province  Municipality  Neighborhood   
ID/ Passport  Tax   
Phone  Mobile Phone  E-mail

### Injured Person

Full Name   
ID/ Passport  Tax   
Date of Birth  /  /  Gender  M  F  
Address   
Province  Municipality  Neighborhood   
Phone  Phone  E-mail   
Relationship with the Insured Person  Myself  Employee  Family member  Supplier  Customer  Other

### Details of the accident

Date  /  /  Hour  Place   
Street   
Province  Municipality  Neighborhood   
The accident took place in the course of your professional activity/service  Yes  No  
In case of a traffic accident  Yes  No  
Vehicle registration plate  Insurance Provider  Policy Number

**Who provided first assistance?**

Name/Corporate Name   
Address   
Province  Municipality  Neighborhood   
Phone  Mobile phone  E-mail

**Brief** description of the Accident

**Identification of the Third Party (if any)**

Name

Address

Province  Municipality  Neighborhood

Phone  Phone  E-mail

Relationship with the Insured Person  Myself  Employee  Family member  Supplier  Customer  Other

**Witnesses**

Name

Address

Province  Municipality  Neighborhood

Phone  Phone  E-mail

Relationship with the Insured Person  Myself  Employee  Family member  Supplier  Customer  Other

**Witnesses**

Name

Address

Province  Municipality  Neighborhood

Phone  Phone  E-mail

Relationship with the Insured Person  Myself  Employee  Family member  Supplier  Customer  Other

**Witnesses**

Name

Address

Province  Municipality  Neighborhood

Phone  Phone  E-mail

Relationship with the Insured Person  Myself  Employee  Family member  Supplier  Customer  Other





FORTALEZA Seguros

Phone: +244 923 165 166 | +244 226 165 165

E-mail: [info@fortalezaseguros.ao](mailto:info@fortalezaseguros.ao)

[www.fortalezaseguros.ao](http://www.fortalezaseguros.ao)

Cidade

Financeira Bloco

2 - 5º andar

Fracções 501 e

502

Talatona - Município de

Belas LUANDA