

Please complete and submit this form **no later than one month** from the accident date via fax : +95 1 370 177 , or e-mail to : [hotline.cards@kbzbank.com](mailto:hotline.cards@kbzbank.com) with subject "Travel Accident Insurance Claim" or send to KBZ Bank, Card Department with all required document. For submission made via fax or e-mail, kindly call in KBZ Platinum Helpdesk number +95 1 370 066 to confirm the receipt of form by KBZ Bank.

**1. CARDHOLDER INFORMATION**

Name (as shown on NRC) :	
Name (as shown on UPI Credit Card) :	
Card No. : _____ - _____ - _____ - _____	NRC No. / Passport No. :
Date of Birth : ____ - ____ - ____ DD-MM-YYYY	Nationality :
Occupation :	Phone Number:
Permanent Address :	Emergency Contact Number _____
Purpose of claim : <input type="checkbox"/> INJURY / <input type="checkbox"/> DEATH	Place of injury / death :
Hospital Medical Report No. :	Death Certificate No. (if applicable) :

**2. BENEFICIARY / NOMINEE INFORMATION**

Name :	NRC No. / Passport No. :
Address :	
NRC No. / Passport No. :	Beneficiary Father's Name :
Date of Birth : ____ - ____ - ____ DD-MM-YYYY	Relationship :
Nationality :	Phone Number :
Occupation :	Email Address:

**Note: KBZ Bank is the appointed beneficiary on behalf of Cardholder from Myanma Insurance and KBZ Bank reserves the right to offset the beneficial/claim amount with the cardholder's outstanding amount in the card account.**

Please provide copies of the following documents for processing:

- Medical Report from Government Hospital or Clinic in case of injury
- Copy of Death Certificate in case of death
- Copy of NRC Beneficiary

Signature

Date : / /

DISCLAIMER: I/ We here by confirm that I am/ We are the authorized person signatory and making this request for Travel Accident Insurance Claim from KBZ Bank limited to process request as mentioned in this document. I/ We fully understand my/ our liability against this request. I/ We further confirm that all the information provided in this application form is true and correct. We have attached herewith copy of relevant documents as required by the bank and originals are available with us for verification. I/ We would like to confirm that I/ We agree to abide by the terms and conditions applicable and set by the Bank from time to time unconditionally.

**For KBZ Card Department use**

Myanma Insurance Policy No. :