

MEDICAL EXPENSES FOR ACCIDENT OR ILLNESS

CHECKLIST

In relation to your claim for Total Protection Program, we inform you that the requested documentation is the following:

1.	Claim letter addressed to Seguros Atlas S.A. filled
2.	Copy of the tickets and / or reservations code, as well as a copy of the payment thereof
3.	If the event was due an accident and / or illness, we need a copy of the medical report stating that the affected party is unable to travel
4.	Copy of the vouchers for the expenses incurred (Hospitalization, medication)
5.	Copy of the American Passport
6.	Proof of address (Less than 3 months old)
7.	Bank Account
8.	Know your client (P. Physical or Moral)
9.	Bank Transfer Format

The documentation must be sent scanned in a complete and legible way (No photos), in case of not sending the complete documentation the time of the processing of your claim can be extended considerably. This Documentation is enunciative but not limitative.



ACCIDENTAL DEATH

CHECKLIST

In relation to your claim for Total Protection Program, we inform you that the requested documentation is the following:

1.	Claim letter addressed to Seguros Atlas S.A. filled
2.	Copy of the tickets and / or reservations code, as well as a copy of the payment thereof
3.	Original of the death certificate
4.	Copy of the American Passport
5.	Original of the Birth Certificates of the beneficiaries if they are children of legal age
6.	Original of the marriage certificate of the beneficiary if the beneficiary is a spouse
7.	Certified Copy of the preliminary investigation or Copy of the investigation folder, if the accidental death, or, Fact-Finding Act of the municipal authority or local police, when there is no Public Ministry in the area
8.	Proof of address (Less than 3 months old)
9.	Bank account
10	. Know your client (P. Physical or Moral)
11	. Bank Transfer Format
12	. Conoce a tu cliente (P. Fisica o Moral)
13	. Formato Transferencia Bancaria *Llenar número de sucursal

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LOSS, THEFT OR BAGGAGE DAMAGE

CHECKLIST

In relation to your claim for Total Protection Program, we inform you that the requested documentation is the following:

1.	Claim letter addressed to Seguros Atlas S.A. filled
2.	Copy of the tickets and / or reservations code, as well as a copy of the payment thereof
3.	Copy of the luggage documentation voucher with the airline, train, boat bus, hotel registration
4.	Copy of the document or report provided by the airline, train, boat bus, hotel registration, damage or loss
5.	Copy of the certificate of the authorities in case of theft
6.	Proof of the existence of the goods
7.	Copy of the American Passport
8.	Proof of address (Less than 3 months old)
9.	Bank account
10.	. Know your client (P. Physical or Moral)
11.	. Bank Transfer Format
12.	. Estado de cuenta con cuenta CLABE (Para el pago del siniestro)
13.	. Conoce a tu cliente (P. Física o Moral)
14.	Formato Transferencia Bancaria *Llenar número de sucursal

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LUGGAGE DELAY

CHECKLIST

In relation to your claim for Total Protection Program, we inform you that the requested documentation is the following

1.	Claim letter addressed to Seguros Atlas S.A. filled
2.	Copy of the tickets and / or reservations code, as well as a copy of the payment thereof
3.	Copy of the luggage documentation voucher with the airline, train, boat bus
4.	Copy of the airline's report for the delay
5.	Copy of the vouchers of the expenses made mentioning each concept due to the delay
6.	Copy of the American Passport
7.	Proof of address (Less than 3 months old)
8.	Bank account
9.	Know your client (P. Physical or Moral)
10	. Bank Transfer Format

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TRIP CANCELLATION

CHECKLIST

In relation to your claim for Total Protection Program, we inform you that the requested documentation is the following

Claim letter addressed to Seguros Atlas S.A. filled
Copy of the tickets and / or reservations code, as well as a copy of the payment thereof
In case of death of the Insured, any of his ascendants or descendants copies of the death certificate
In case of accident and / or illness, a copy of the medical report stating that the affected person is unable to travel
Copy of the American Passport
Proof of address (Less than 3 months old)
Bank account
Know your client (P. Physical or Moral)
Bank Transfer Format

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TRAVEL DELAY

CHECKLIST

In relation to your claim for Total Protection Program, we inform you that the requested documentation is the following

1.	Claim letter addressed to Seguros Atlas S.A. filled
2.	Copy of the tickets and / or reservations code, as well as a copy of the payment thereof
3.	Copy of the airline's report for the delay
4.	Copy of the vouchers of the expenses made mentioning each concept due to the delay
5.	Copy of the American Passport
6.	Proof of address (Less than 3 months old)
7.	Bank account
8.	Know your client (P. Physical or Moral)
9.	Bank Transfer Format

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TRIP INTERRUPTION

CHECKLIST

In relation to your claim for Total Protection Program, we inform you that the requested documentation is the following

1.	Claim letter addressed to Seguros Atlas S.A. filled
2.	Copy of the tickets and / or reservations code, as well as a copy of the payment thereof
3.	Document that endorses the interruption of the trip
4.	Proof of expenses incurred for such interruption
5.	Copy of the American Passport
6.	Proof of address (Less than 3 months old)
7.	Bank account
8.	Know your client (P. Physical or Moral)
9.	Bank Transfer Format

The documentation must be sent scanned in a complete and legible way (No photos), in case of not sending the complete documentation the time of the processing of your claim can be extended considerably. This Documentation is enunciative but not limitative.