

TRAVEL INSURANCE CLAIM FORM

Please note that this form is issued without admission of liability. Please state all relevant information requested as completely and accurately as possible. Please tick where applicable.

PARTICULARS OF INSURED

Name of Insured (As in NRIC/Passport) Mr/Mrs/Ms/Mdm/Dr* _____
 Insured Person _____ Policy No _____
 Relationship to Insured _____ NRIC/Passport/BC No _____ Gender Male Female
 Occupation _____ Date of Birth _____
 (dd/mm/yy)
 Home Address _____ Postal Code _____
 Tel _____ (H) _____ (O) _____ (Hp) _____
 Email _____
 * Delete if not applicable

DETAILS OF CLAIM

Date _____ Time _____ am/pm* Country of Occurrence _____
 Description of the Incident, Loss or Illness _____

Are you entitled to claim under any other policy of insurance? Yes No
 If Yes, please provide policy number(s) and insurance company(ies) _____
 Have you made any previous claims in respect of Travel Insurance? Yes No If Yes, please give details _____

TYPES OF CLAIM

Medical Expenses Personal Accident Emergency Medical Evacuation And Repatriation

Date Incurred	Details of Expenses Incurred	Amount to be Claimed (Currency)

Nature and Extent of Injury/Illness/Disease _____
 Have you ever suffered this or a similar condition or a recurrence of a previous illness or injury? Yes No
 If Yes, date of symptoms first started/treated _____
 Name and Address of your usual attending Physician _____
 Name of Doctor/Hospital _____

Medical Authorisation (This portion must be completed by the Insured)

I hereby authorise any hospital physician or other person who has attended or examined me to furnish to the Insurer or its representative any and all information on my illness, injury, medical history, consultations, prescriptions or treatment, with copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.

Signature _____ Name _____

Travel Delay Overbooking/Missed Connection Of Flight Cancellation/Curtailment

Scheduled Departure Date _____ Time _____ am/pm* Flight No _____

Final Departure Date _____ Time _____ am/pm* Flight No _____

Cause of Delay _____ Duration of Delay _____ hrs/day

Reason for cancellation/curtailment _____

Amount Paid for the Trip _____ Refund Received _____

State the amount of pre-paid expenses that could not be utilised _____

Personal Baggage Baggage Delayed Loss Of Money Travel Documents

Has this loss/damage been reported to the authorities? Yes No Authority report to _____

The destination where this occurred and the date and time you arrived _____

The date and time you eventually received your baggage _____

Full Description of Article(s) Claimed	Name & Address from whom Goods were purchased	Date of Purchase	Original Purchase Price \$	Amount Claimed \$

Rental Vehicle Excess Cover Additional Costs Of Rental Car Return

Period of Hire _____ Date & Time the vehicle is returned _____

Reason of late return (if applicable) _____ Amount Claimed _____

SUPPORTING DOCUMENTS

Type of Claim Documents	Personal Accident	Medical Expenses	Cancellation & Curtailment	Travel Delay & Missed Departure	Baggage & Money	Rental Vehicle Excess Cover	Personal Liability
(1)	*	*	*	*	*	*	*
(2)	*	*					
(3)			*	*			
(4)			*	*			
(5)					*	*	*
(6)					*		
(7)						*	
(8)	*	*	*	*	*	*	*

- (1) Basic documents including claim form, traveling schedule, airline ticket, boarding pass and copy of passport/NRIC (claimant).
- (2) Medical report and original medical receipt/bills.
- (3) Travel deposit receipt and carrier's/airline's written confirmation on the reason for disruption/interruption to the trip.
- (4) Hotel accommodation confirmation advice.
- (5) Police report.
- (6) Purchase invoices for items claimed.
- (7) Rental vehicle receipt and agreement, documentary proof of accident and excess receipt/repair invoice.
- (8) All other documents which can facilitate the consideration of claim.

DECLARATION

I declare that the information given is true and correct to the best of my knowledge and belief. I understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and the Insurer may refuse to pay the claim.

Signature _____ Company's Stamp _____

Name / NRIC No _____ Date _____