

# Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)  
11 Collyer Quay #09-00 The Arcade Singapore 049317 Tel: 6221 2211 Fax: 6221 3302  
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



## TRAVEL INSURANCE CLAIM FORM - Cancellation/Rental Excess

**Important Notice:**

- 1 This form is issued without admission of liability.
- 2 Claims should be submitted within **thirty (30)** days after completion of the journey.
- 3 All documents provided to substantiate your claim must be **original documents**.
- 4 All medical reports must be submitted at the claimant's expense.

Agency \_\_\_\_\_ Policy / Certificate No \_\_\_\_\_

**GENERAL SECTION - Please complete this section**

1. Insured/Claimant's Particulars

a. Name

Dr/Mr/Mrs/Ms \_\_\_\_\_

b. Address

c. NRIC / Passport Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

d. Residence / Business Telephone Number

(Res) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_

2. Circumstances of Claim

a. Date / Time of Accident/Illness

Date: \_\_\_\_\_ Time: \_\_\_\_\_

b. Please state exactly what happened (if insufficient space, please attach statement)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Claim History / Other Insurances

a. Have you or any Insured person ever previously sustained a loss of this nature or made any previous claim in respect of Travel Insurance? If so, please state details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Is there any other insurance in force covering this loss?  Yes  No

If so, please state Insurance Company and Policy Number.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PLEASE COMPLETE ONLY THE SECTIONS WHICH ARE RELEVANT TO YOUR CLAIM**

**B. TRIP CANCELLATION AND CURTAILMENT**

Please attach as applicable:

- 1) Medical Report    2) Certified Original Death Certificate/Letter of Administration    3) Bills  
4) Letter from Attending Doctor    5) Letter from Airline    6) Letter from Travel Agency Regarding Refunds

1a. If caused by illness, has the insured person suffered from this before? If so, please give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1b. Amount paid \_\_\_\_\_ Amount recovered \_\_\_\_\_

Amount claimed \_\_\_\_\_

**C. Rental Vehicle Excess**

Please attach as applicable:

- 1) Police Report    2) Rental Agreement/Letter/Receipt from Rental Company    3) Bills showing amount paid

1a. Amount claimed \_\_\_\_\_

**D. LOSS OF HOTEL FACILITIES**

Please attach as applicable: 1) Letter from Hotel    2) Bills

1a. Number of days of loss of hotel facilities \_\_\_\_\_

1b. Amount claimed \_\_\_\_\_

**E. PAYMENT DETAILS**

1. Please confirm payee name if claim is payable \_\_\_\_\_

**DECLARATION - to be signed by the Claimant**

I declare that the particulars stated above are true and correct and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
NRIC Number