

Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)
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Company Registration No. 195700067Z <http://www.tenetinsurance.com>



TRAVEL INSURANCE CLAIM FORM - PA / Medical Expenses

Important Notice:

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 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.
- 5 Please complete ALL questions fully and accurately so as not to delay assessment of your claim.

Agency _____ Policy / Certificate No _____

A. GENERAL 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 including nature and cause of injury or illness (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: _____

B. PERSONAL ACCIDENT / MEDICAL EXPENSES / REPATRIATION EXPENSES

Please attach as applicable:

- 1) Medical Bills and Certificate 2) Medical Report 3) Boarding Pass/Air Ticket
4) Police or other reports as applicable

1a. Please give reasons for additional accommodation or traveling expenses incurred if any.

Person who incurred expenses _____ Relation to Insured _____

1b. Has claimant suffered from this complaint before? Yes No

Date of previous treatment: _____

1c. Treatment Details Overseas:

Out-patient In-patient Day Surgery Admit on _____ Discharged on _____ No. of Days _____

1d. If you have an Annual Travel Policy, state period of travel for this trip _____ to _____

1e. Date of Return to Singapore _____ Amount Claimed _____

2. Will there be any more bills to be submitted? Yes No

If yes, please elaborate _____

C. PAYMENT DETAILS (if claim falls within terms and conditions of the policy)

For GIRO payments above \$500 we will require a Debit Credit Authorisation Form duly acknowledged by your bank.

1. Please confirm payee name if claim is payable _____

Note: If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.

2. Tick the method of payment you prefer By Cheque By GIRO

2a. If payment is requested by GIRO, please advise bank details:

Bank / Branch: _____ Account Number: _____

Account Name: _____ I.C./Passport Number: _____

Signature of payee _____

Note: All payment(s) made to this account is based on information provided by you and the Company shall not be liable in respect of any disputes and/or loss and/or damage that may arise out of this transaction.

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.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

Signature

Date

Name

NRIC Number