

TRAVEL CLAIM FORM

GENERAL SECTION

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Name of Insured Person		Telephone No.		Certificate / Policy No.
NRIC /Passport No.:		Hp Home Office		
Address in Singapore		Date of Birth		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
		Occupation		
Settlement to be made to:	<input type="checkbox"/> Insured Person <input type="checkbox"/> Others, please specify			

Description of the Incident of loss or injury or illness

Are there any other Policies of insurance in force covering you in respect of this event?	<input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify:
Please provide name of Insurance company and address.	

Documents required for All Claims

- Original Certificate of Insurance
- Tour Operators Confirmation of booking invoices, Airline ticket counterfoil(s) / Boarding Pass(es)
- Copy of actual travel itinerary of Trip
- Copies of your other insurance policy

MEDICAL & OTHER EXPENSES / EMERGENCY MEDICAL EVACUATION / HOSPITAL ALLOWANCE / REPATRIATION EXPENSES *(Please tick accordingly)*

- Medical & Other Expenses Hospital Allowance
 Emergency Medical Evacuation Repatriation Expenses

Name of Claimant _____

Date and Place of Accident/or onset of illness _____

Nature and Cause of accident/illness _____

Period in hospital from _____ to _____

Name and Address of other insurance company covering your medical expense(s) _____

Policy No. _____

Nature of expenditure	To whom paid/payable	Amount (state currency if not SS)	Indicate if any bill is unpaid

Documents required

- Medical Report showing nature of injury/sickness
- Original Medical Bills/Receipts for the full amount of the claim
- If hospital benefit is claimed, a letter confirming the date of admittance and the date of discharge from hospital is required
- Death Certificate and Burial/Cremation Permit (if death occurred)

MEDICAL CERTIFICATE

This certificate is to be furnished at the claimant's expenses and must be completed by the claimant's usual doctor.

1. Patient's name _____

2. (a) Are you this patient's usual doctor? Yes No (b) If Yes, for how long? _____

3. Describe (a) accidental injuries (b) cause of death (c) illness of patient

4. Date medical treatment first sought for this condition _____

5. History of this condition or any relevant condition with date(s) of treatment. If none, please state so

6. If you were treating the patient prior to the holiday, was he/she fit to travel at date of booking which was _____ Yes No

Doctor's signature *Doctor's Name and Qualifications* *Date*

Clinic Address _____

LOSS OF DEPOSIT / CANCELLATION / CURTAILMENT OR TRAVEL INCONVENIENCE

(Please tick accordingly)

- Cancellation** **Curtailment** **Travel Delay**
- Missed Flight Connection** **Overbooked Flight** **Hijacking**

Full Name of All Claimants _____

Date of Occurrence, Cancellation or Arrival home if curtailed _____

Reason for Cancellation/Curtailment/Travel Delay/Missed Flight Connection/Overbooked Flight/Hijacking

Name of sick or injured person and relationship to Insured _____

Period of Delay _____

Period of Hijack *(if applicable)* _____ Amount Claimed _____

Documents Required

Cancellation

- If due to own illness/injury, doctor's letter is required
- If due to next-of-kin's death/illness/injury, death certificate or doctor's written advice respectively is required
- Document confirming relationship if cancellation was due to next-of kin's death/illness/injury
- Original cancellation invoice from Travel Agent stating the amount of refund. If there is no refund, please provide us the original air ticket(s) for record.

Curtailment

- Original letter from Travel Agent stating the amount of refund
- If due to own illness or that of travelling companion, written advice or certificate from the treating doctor overseas confirming the advice for your or your travelling companion's return to Singapore is required
- If due to next-of-kin's death/illness injury, death certificate or doctor's written advice respectively is required
- Document(s) confirming relationship if curtailment was due to next-of-kin's death/illness/injury

Travel Delay / Missed Flight Connection / Overbooked Flight / Hijack

- Written confirmation from operators of the airline, sea vessel or train stating the reason for departure delay and the duration of delay in number of hours
- Original receipt for meals, accommodations or refreshment expenses incurred if not provided for or compensated by the carrier or any third party

PERSONAL ACCIDENT / PERMANENT TOTAL DISABLEMENT

Date and Place of Accident	
State cause of Accident and Nature of injury	
Give name of attending Physician	
Address of registered medical institution that you were admitted	

Documents required

- Death certificate and Burial/Cremation Permit
- Letter of Probate or Letter of Administration
- Medical Report (for loss of limbs(s)/sight or Permanent total disablement)
- Police Report (for accident-related cases)

DELAYED BAGGAGE

Flight Details	Collection of Delay Baggage
Arrival Date:	Arrival Date:
Arrival Time:	Arrival Time:
Place of Departure:	Place of Departure:
Flight No.:	Flight No.:
Name of Airline:	Name of Airline:

Documents required

- Letter from Airline confirming reason for delay and duration
- Baggage delivery docket/acknowledgment or Baggage Irregularity report

LOSS OF BAGGAGE & PERSONAL EFFECTS / LOSS OF PERSONAL MONEY & TRAVEL DOCUMENTS

To whom did you report the loss				
Did you report the loss to the police or airline or handling agents?				
If Yes, date of loss reported on				
Details of item(s) lost or damage including make / model etc.	Place bought	Purchase date	Purchase price	Amount claimed
Loss of Money	Amount in notes (S\$)	Amount in foreign currency notes	Amount in Travellers cheques	Total amount claimed

Documents required

- Original purchase receipt(s)/Warranty card/Instruction Manual(s)
- Photograph(s) of damaged baggage where applicable
- Property Irregularity Report
 - If baggage lost or damaged by an airline or carrier
- Money and Theft Claims
 - Police Report (translated into English, where applicable)

PERSONAL LIABILITY / RENTAL VEHICLE EXCESS

Date and Place of Accident.

Please describe how the incident occurred.

What is the name and address of the other party.

Was a police report made? If so, when and where was it made?

Has a claim been made against you? If Yes, give details and attach all communication received.

Documents required

- Photographs of Damage
 - Third Party's letter, if any, holding you liable for the incident
 - Repair quotation, if any, for Third Party loss/damage
 - A copy of rental vehicle agreement and repair Invoice (Applicable for Rental Vehicle Excess Claim)
 - Related police report, if available
- [Document(s) in foreign language except in the local working language, i.e. English is to be translated at your own expense before submitting]

HomeSure (Fire insurance cover for Household contents)

Date and Place of accident

Please describe how the incident occurred.

Is there other insurance covering the property concerned? If Yes, please provide the insurance company and policy reference no.

Details of item(s) lost or damage including make / model etc.	Purchase date	Purchase price	Amount claimed

Documents required

- Photographs of Damage
- Original Invoices / Purchase receipt of items
- Police report / Results
- Quotation for repair / Replacement

DECLARATION

I declare that the information given in this form is true and correct to the best of my knowledge and belief.

I hereby authorise any hospital physician, other person who has attended or examined me, to furnish to the company, or its authorised 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 photostated copy of this authorisation shall be considered as effective and valid as the original.

Date

Signatory of Claimant