

TRAVEL INSURANCE CLAIM FORM

The issue and acceptance of this form is not an admission of liability on the part of the company.			
Please complete general questions 1 – 3 and then the relevant Section(s) to which your claim relate(s).			
GENERAL SECTION (Attach original Travel Coupon/Certificate when submitting your claim)			
1. Claimant's Name	Sex _____ Age _____		
Address (Private)	Tel _____		
2. Policy/PRN No. _____ Broker/Agent/Travel Agency _____			
Period of Insurance : From _____ To _____			
3. Is there any other insurance in force covering this loss? If so, please state:	Insurance Co. _____		
	Address _____		
	Policy No. _____		
SECTION 1: MEDICAL EXPENSES			
SECTION 2: EMERGENCY MEDICAL ASSISTANCE AND EVACUATION			
SECTION 3: REPATRIATION EXPENSES			
SECTION 4: HOSPITAL CONFINEMENT			
(Please attach Medical Report copies and Invoices in original)			
1. Nature and cause of injury / sickness			
2. Date of injury / sickness giving rise to expenses			
3. Amount claimed			
SECTION 5: TRIP CANCELLATION			
SECTION 6: TRIP CURTAILMENT			
(Please Attach Medical Report, Death Certificate, Letter of Administration, Letter from Doctor, Invoices or evidence of proof whichever is applicable).			
1. Please state reason for cancellation or curtailment of travel			
2. Date of cancellation			
3. If caused by illness, has the Insured person suffered from this before? If so, please give details.			
4. Amount claimed	Amount of Deposits	Less Refund	Net Amount Claimed
5. If 'NIL' refund, please state why?			

SECTION 9: TRAVEL DELAY
SECTION 10: BAGGAGE DELAY
SECTION 11: FLIGHT MISCONNECTION
SECTION 12: OVERBOOKED FLIGHT

(Attach copy of air ticket, letter from carrier explaining reason for delay)

1. Place of Delay			
2. Arrival	Flt No:	Date:	Time:
3. Departure (scheduled)	Flt No:	Date:	Time:
4. Departure (actual)	Flt No:	Date:	Time:
5. No of Hours of Delay			
6. Amount Claimed			

SECTION 13: HIJACKING (Attach newspaper report, copy of ticket, invoice, etc.)

1. Flight No			
2. Date			
3. Place of Origin			
4. Destination			
5. Hijacked to			
6. Flight No & Date of Return to Singapore			
7. Amount Claimed			

SECTION 14 : PERSONAL LIABILITY (Attach letter from Third Party, Police or Court)

ANY COMMUNICATION RECEIVED REGARDING THE ACCIDENT SHOULD BE SENT TO THE INSURER IMMEDIATELY

1. Date, time and place of accident			
2. State cause of accident			
3. If the accident could have been prevented, state what precaution might have been taken?			
4. Was the accident due to carelessness or negligence on your part?			
5. Have you in any way admitted liability?			
6. To which Police Officer and/or at which Police Station (if any) did you report the occurrence?			
7. Names and addresses of witnesses of the incident.			
8. Name and address of the other party or parties.			
9. The nature of the personal injuries, if any, sustained by any person as a result of the occurrence.	Name	Age	Injuries

