

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 7: LOSS OF MONEY & TRAVEL DOCUMENTS (Attach copies of Police report, complaints, receipts, invoices, etc.)				
1. Date, time and place loss				
2. Circumstances of Loss				
3. Amount claimed	Loss of Money	Loss of Documents	Total Amount Claimed	
SECTION 8: LOSS OF OR DAMAGE TO PERSONAL PROPERTY & BAGGAGE (Attach air ticket, purchase receipt, Property Irregularity Report or Police Report whichever is applicable)				
1. Give full particulars of circumstances giving rise to the loss or damage. (Please retain damaged articles and indicate address at which they may be inspected)				
2. Date, time and place of loss or damage				
3. State total value of baggage accompanying person(s)				
4. If the loss or damage occurred whilst baggage was in transit or otherwise in the custody or control of others, have any steps been taken to claim against these persons? Please identify them and attach copies of correspondence and advise outcome of your claim against them.				
5. If claim is in respect of articles lost or stolen, has a thorough search been made and notification sent to ship-owners / airline operators, hotel proprietors, police or other parties who may be able to assist in the recovery? Please give details.				
DESCRIPTION OF BAGGAGE LOST OR DAMAGED				
Description (Make & Model)	Date Purchased	Replacement Cost	Value before loss or damage, allowing for wear and tear	Net amount claimed allowing for salvage value

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

10. The extent of the damage to property.	
11. Whether any claim has been made upon you. If so, what is the estimated amount of such claim that may be made against you?	
12. Please give any additional information which you consider would help the Insurer in dealing with any claim that may be made against you.	

SECTION 15: POST HOSPITALISATION MEDICAL EXPENSES

Please attach Medical Report copies and Invoices in original.

1. Nature and cause of injury	
2. Date of injury giving rise to expenses	
3. Amount claimed	

DESCRIPTION OF BAGGAGE LOST OR DAMAGED

Description (Make & Model)	Date Purchased	Replacement Cost	Value before loss or damage, allowing for wear and tear	Net amount claimed allowing for salvage value

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

CLAIMANT: Name _____ Signature _____ Date _____

EMPLOYER: Name _____

SUPERVISOR : Name _____ Signature _____ Date _____