

Travel Insurance Claim Form

Policy Number	
----------------------	--

Please note that this form is issued without admission of liability. Please state all relevant information requested as complete and as accurate as possible.

Personal Particulars of Insured / Insured Person / Claimant

Name of Insured (as in NRIC/Passport - if applicable)		NRIC / Passport Number (if applicable)
Contact Number (H)	(O)	(HP)
Name of Insured Person / Claimant (if it differs from Insured)		Email
Home Address		NRIC / Passport Number
Date of Birth (dd/mm/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation		Relationship to Insured
Contact Number (H)	(O)	(HP)
Travel Period: From (dd/mm/yyyy)		To (dd/mm/yyyy)
Email		

Details of Claim

Date of Occurrence (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Country of Occurrence
---------------------------------	---	-----------------------

Description of Incident, Loss or Illness

Types of Claim (please tick where appropriate)

A. **Personal Accident** **Medical Expenses** **Emergency Medical Evacuation & Repatriation**

Supporting documents required include:

- Travelling itinerary, airline ticket, boarding pass or copy of passport with stamp which shows the date of departure and return to Singapore
- Original medical receipt/bills
- Medical Report
- All other documents which can facilitate the consideration of claim

Nature and Extent of Injury / Illness / Disease:

Have you ever suffered this or a similar condition or a recurrence of a previous illness or injury? Yes No

If Yes, date of symptoms first started/treated:

Name and Address of your usual attending Physician:

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

Date Incurred	Details of Expenses Incurred	Amount to be Claimed (state currency if not in S\$)

Medical Authorization (This portion must be completed by the Insured Person / Claimant)

I hereby authorize any hospital physician or other person who has attended or examined me to furnish to the Insurer or its representative any and all information on my illness, injury, medical history, consultations, prescriptions or treatment, with copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Insured Person / Claimant

Name of Insured Person / Claimant

B. Personal Baggage Baggage Delay Loss of Personal Money Loss of Documents and Passport

Supporting documents required include:

- Travelling itinerary, airline ticket, boarding pass or copy of passport with stamp which shows the date of departure and return to Singapore
- Police Report
- Property Loss / Damage Irregularity Report / Baggage Return Acknowledgement Slip
- Photographs of damaged items
- Purchase invoices / warranty cards (if applicable) for items claimed
- All other documents which can facilitate the consideration of claim

Has this loss/damage been reported to the authorities/police? Yes No

If Yes, authorities/police reported to:

If No, please state reasons:

Any compensation received from carrier/other parties responsible for the loss? Yes No Amount Received:

Full Description of Item(s) Claimed Including Brand and Model	Name and Address from whom Goods were purchased	Date of Purchase	Original Purchase Price	Amount Claimed

For Baggage Delay

The destination where this occurred and the date and time you arrived

The date and time you eventually received your baggage

C. Travel Delay Overbooking / Missed Connection of Flight Cancellation Curtailment

Supporting documents required include:

- Travelling itinerary, airline ticket, boarding pass or copy of passport with stamp which shows the date of departure and return to Singapore
- Carrier's/airline's written confirmation on the reason and period of disruption/interruption to the trip
- Hotel accommodation confirmation advice / Travel deposit receipt
- All other documents which can facilitate the consideration of claim

Scheduled Departure Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Flight Number
Final Departure Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Flight Number
Cause of Delay / Missed Connection	Duration of Delay hours / day	
Reason for Cancellation / Curtailment		
Total Amount Paid for the Trip	Total Refund Received	Cancellation/Postponement Charges
Amount Claimed		

D. Rental Vehicle Excess Cover Additional Costs of Rental Car Return

Supporting documents required include:

- Original Rental Vehicle Agreement/Contract
- Evidence of motor accident / Police Report
- Original Excess Payment Receipt

Period of Hire	Date and Time the vehicle is returned
Reason of late return (if applicable)	Amount Claimed

E. Others

In respect of any other claim which does not fall within the sections stated above, please provide details and supporting documents of the claim you are submitting. If the space below is insufficient, please attach another page.

OTHER INSURANCE / INFORMATION

Is there other insurance covering this incident? Yes No

If Yes, please state Name of Insurance Company & Policy Number:

Have you made any previous claims in respect of Travel Insurance? Yes No

If Yes, please give details

Declaration

I/We declare that the information given is true and correct to the best of my/our knowledge and belief. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and I/we shall forfeit my/our rights to claim under the policy.

Please make the cheque payable to _____

Signature of Insured / Insured Person / Claimant

Company's Stamp (if applicable)

Name

Date