

Travel Insurance Claim Form

(For TravelSure CFAR Claims)

Policy Number

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

Personal Particulars of Policyholder			
Name of Insured (as in NRIC/Passport)		NRIC / Passport Number (if applicable)	
Contact Number (H)	(O)	(HP)	Email
Personal Particulars of Insured Person / Claimant			
Name of Insured Person / Claimant (if it differs from Insured)		NRIC / Passport Number	
Home Address		Gender ☐ Male ☐ Female	
Date of Birth (dd/mm/yyyy)	Occupation		Relationship to Insured
Contact Number (H)	(O)	(HP)	Email
Travel Period: From (dd/mm/yyyy)		To (dd/mm/yyyy)	
Details of Claim			
A. ☐ Cancellation ☐ Postponement Supporting documents required include: - Travelling itinerary and airline ticket - Hotel accommodation confirmation advice / travel deposit receipt / unused entertainment ticket - All other documents which can facilitate the consideration of claim			
Date of Cancellation/Postponement (dd/mm/yyyy)		Intended Destination	
Scheduled Departure Date	Time ☐ am ☐ pm		Flight Number
Reason for Cancellation			
(A) Total Amount Paid for the Trip	(B) Total Refund Received	(C) = (A) - (B) Amount to be Claimed	Cancellation / Postponement Charges (if applicable)
B. 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			
Are you entitled to claim under any other policy of insurance? If Yes, please provide policy number(s) and insurance company(ies):			☐ Yes ☐ No
Have you made any previous travel insurance claims in the past 3 (three) years? If Yes, please give details:			☐ Yes ☐ No

Mode of Payment (Please tick preferred payment method)

My preferred way to receive payment is:

☐ PayNow

Name of Account Holder

NRIC / FIN / UEN Number

☐ Credit to my Bank Account

Name of Account Holder (as in Bank Account)

NRIC / FIN / UEN Number

Bank Name

Bank Code

Branch Code

Bank Account Number (Please key in numbers only and omit any dashes '-')

Declaration

Please note that you are submitting this claim to MSIG Insurance (Singapore) Pte. Ltd. Please see our full Terms of Use and Privacy & Cookies Policy on our website www.msg.com.sg.

By submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data for the purpose of assessing your claim. We may also share your personal data with other Insurers and the General Insurance Association of Singapore (as well as their Third Party service providers) as part of the industry's efforts for proper underwriting and proper administration of claims. This may include sharing the personal data for investigating fraud, exaggerated claims, and other criminal or improper acts.

☐ I declare that the information given is true and correct to the best of my knowledge and belief. I understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and the Insurer may refuse to pay the claim.

Name of Insured_____
NRIC / FIN / Passport Number_____
Date