

eTiQa Insurance

TRAVEL CLAIM FORM

Important Notice:

1. The policyholder and/or the claimant must truthfully declared the information and particulars to the best of your / their knowledge and belief.
2. The acceptance of this form is not in itself an admission of liability on the part of the Company.
3. If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under this policy, the policy will be rendered void.

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| This form is issued without admission of liability. | |
| Please Complete General Questions 1-4 and then the relevant section(s) to which your claim(s) relate(s). | |
| GENERAL SECTION <i>(Attach the original Travel Insurance Certificate when submitting your claim)</i> | |
| 1. Claimant's Full Name _____ Passport / NRIC or Birth Certificate No. _____ Address _____ Postal Code _____ Occupation _____ Mobile No _____ Tel (Res) _____ (Office) _____ | |
| 2. Policy / Certificate No. _____ Broker / Agent / Travel Agency _____ Period of Insurance : From _____ To _____ | |
| 3. Is there any other insurance in force covering this loss of expenses? If so please state: | Insurance Co. _____ Address _____ Policy / Certificate Co. _____ |
| 4. Have you or any insured person ever previously sustained a loss of this nature? If so please state: | Date _____ Circumstances _____ Ins. Co Involved _____ |

PERSONAL ACCIDENT/ MEDICAL EXPENSES/ HOSPITAL ALLOWANCE AND EMERGENCY EVACUATION. If the claimant has been hospitalised or has seen a doctor overseas as a result of an accident or illness, please fill this box :

| Date and Place of Accident / or onset of illness _____ | | | | |
|---|---------------------|------------------------|--------|--------------|
| Nature of accident / illness (or official cause of death) _____ | | | | |
| _____ | | | | |
| Date of Expenditure | Name of Expenditure | To Whom Paid / Payable | Amount | Date of Bill |
| | | | | |
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POSTPONEMENT / TRIP CANCELLATION / LOSS OF DEPOSITS / CURTAILMENT / HIJACKING. *(Attach Medical Certificate, 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 holiday | | | |
| 2. Date of event leading to the cancellation or curtailment | | | |
| 3. If caused by illness, has the Insured person suffered from this before? If so please give details : | | | |
| 4. Name of sick / deceased or injured person and relationship to insured | | | |
| 5. Amount claimed | Amount of Deposit | Less Refund | Net Amount Claimed |
| | | | |
| 6. If "NIL" refund, please state why | | | |

TRAVEL INCONVENIENCE

| | | |
|--|--------------------------|------------------------|
| | <u>Original Schedule</u> | <u>Actual Schedule</u> |
| Flight Number : | | |
| Date and Time : | | |
| From : | | |
| To : | | |
| Name of Airline that you have lodged a claim against | | |
| 1. MISSED CONVEYANCE / FLIGHT DELAY <i>(Attach letter from Transport Provider explaining the delay / or reason for missing conveyance and hotel / purchase receipts if applicable)</i> | | |
| Number of hours delayed : | | |
| Additional Expenses involved for alternative conveyance : | | |

BAGGAGE DELAY (Attach Property Irregularity Report and purchase receipts if Applicable)

| Number of Hours Baggage Delayed : | | | | | |
|--|------------------------|----------------|--|------------------------|----------------|
| Description of essential clothing and toiletries | When & Where Purchased | Purchase Price | Description of essential clothing and toiletries | When & Where Purchased | Purchase Price |
| | | | | | |
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LOSS OF OR DAMAGE PERSONAL BAGGAGE / LOSS OF PERSONAL MONEY / LOSS OF TRAVEL DOCUMENT
(Attach Purchase Receipts, 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) making a claim (Including cash, cheques, travel tickets, green cards, coupons and passport(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 any 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 Shipowners, Hotel Proprietors, Police or other parties who may be able to assist in the recovery? | |

| 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 |
| | | | | |
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PERSONAL LIABILITY - Attach letter (local / overseas) from Third Party, Police or Court

Communication of any kind you receive regarding the accident should be sent immediately and unanswered to the Company.

What is the name and address of the other party? _____

Were you the cause of the damage & / or injury to the other party? If so, please give circumstances of the incident.

Did you pay the other party for his damage and / or injury? If so, please let us have documentary proof.

General Documents Required

1. Insurance Certificate
2. Original Receipts For All Items Claimed
3. Travel Tickets
4. Boarding Pass
5. Photocopy Of Relevant Pages Of Your Passport & Any Other Documents That We May Require
6. Birth / Death Certificates, if applicable

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

I/We further declared that the information written in this claim form or held by Etiqa Insurance Berhad whether contained in my/our insurance application or otherwise obtained may be used and disclosed to your authorised staff, associated individuals and/or companies or any independent third parties (within or outside Singapore) who will provide claims administrative, advice and/or information or claims services in relation to my/our claim. I/We understand my/our data that may also be used for audit, business analysis and reinsurance purposes. My/Our signature below will signify this consent.

Date _____ Signature of Policyholder _____ Signature of Insured Person _____