

## Personal Accident Claim Form

Policy Number		Policy Holder's Full Name	
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**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.

This form is issued without admission of liability.

Claimant Details			
Claimant Full Name		Claimant NRIC / FIN No.	
Email		Mobile No.	

Accident & Injury Details					
If you are claiming more than one loss, please indicate the first date of loss.					
Date of Accident		Time of Accident		Location of Accident	
Total Amount claimed					
Type of Accident	<input type="checkbox"/> Accidental Death / Total Permanent Disablement <input type="checkbox"/> Baggage Delay <input type="checkbox"/> Trip Cancellation / Curtailment / Bankruptcy of Travel agent / Postponement <input type="checkbox"/> Personal Liability		<input type="checkbox"/> Medical Expenses / Hospitalisation <input type="checkbox"/> Travel Delay / Flight Diversion <input type="checkbox"/> Flight Misconnection / Overbooked <input type="checkbox"/> Loss / Damage of Personal Effects / Travel Document / Money <input type="checkbox"/> Others		
Have you injured the same part before? (Yes / No)					
Is this your job related injury? (Yes / No)					
Description of Accident					
Description of Injury Sustained (e.g. body part injured, injury type)					
Have you made a claim against any other party in respect of this event? If yes, please provide: (Yes / No)					
Name of other party / Insurance company					
Policy number/ reference number of other party/ Insurance company					

Documents Required for Claim Assessment	
Type of Loss/Accident	Documents Required
Basic for all types	<input type="checkbox"/> Completed travel claim form <input type="checkbox"/> Proof of travel (e.g. boarding pass or Air tickets) <input type="checkbox"/> Copy of Certificate of Insurance (For group policies)
Accidental Death/Total Permanent Disablement	<input type="checkbox"/> Medical report from the attending doctor abroad <input type="checkbox"/> Death Certificate - if applicable <input type="checkbox"/> Post Mortem Report - if applicable <input type="checkbox"/> Police Report - if applicable <input type="checkbox"/> Investigation Report - if applicable
Medical Expenses / Hospitalisation	<input type="checkbox"/> All medical invoices and receipts <input type="checkbox"/> Medical report from the attending doctor abroad (if any) <input type="checkbox"/> Admission / Discharge Report
Baggage Delay	<input type="checkbox"/> A copy of flight itinerary indicating the original flight details <input type="checkbox"/> Written confirmation / acknowledgement receipt from the airline on the date and time of baggage received
Travel Delay / Flight Diversion	<input type="checkbox"/> A copy of flight itinerary indicating the original flight details

	<input type="checkbox"/> A written confirmation or report from airline on duration and reason of diversion or delay
Flight Misconnection / Overbooked	<input type="checkbox"/> A copy of flight itinerary indicating the original flight details <input type="checkbox"/> A written confirmation from airline confirming the overbooked or misconnected flight details and when the next alternative transportation is made available
Trip Cancellation / Curtailment / Bankruptcy of Travel agent / Postponement	<input type="checkbox"/> A copy of flight itinerary indicating the original flight details <input type="checkbox"/> Booking invoice with terms and conditions, and payment receipts <input type="checkbox"/> Medical Report / Death Certificate (if applicable) <input type="checkbox"/> Proof of relationship (if applicable) <input type="checkbox"/> Written confirmation of the refund amount from the travel agents / airline / accommodation <input type="checkbox"/> Invoice & receipt for charges incurred in amending or purchasing additional air ticket <input type="checkbox"/> Receipts of the irrecoverable travel deposits or travel fares paid in advance
Loss / Damage of Personal Effects / Travel Document / Money	<input type="checkbox"/> Purchase receipts and/or warranty of the Stolen/ Damaged items <input type="checkbox"/> Documents stating amount of compensation from airlines or other sources (if applicable) <input type="checkbox"/> Property irregularity Report for losses in carriers custody - if applicable <input type="checkbox"/> Photographs to show extent of damage and original repair invoices (for Damage claims) <input type="checkbox"/> Police report / loss lodged at the place of loss within 24 hours (for Theft claims only) <input type="checkbox"/> List of items stolen / damage with the information on make/model, date purchase and purchase price
Personal Liability	<input type="checkbox"/> Forward all correspondence & documents from third parties to us for our handling

**Declaration**

- 1) [Declaration] I/We declare that the information given in this form is true and correct to the best of my knowledge and belief.
  - 2) [Authorization] I/We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to Etiqa Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.
  - 3) [Customer's Data Privacy Consent] I/We further declared that the information written in this claim form or held by Etiqa Insurance Pte Ltd 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.
- I/We agreed to abide the declaration and terms and conditions.

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Date

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Signature of Insured  
 Company's stamp (if applicable)