

Travel Claim Form

Policy Number		Policy Holder's Full Name	
---------------	--	---------------------------	--

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.	

Travel & Claim Details			
If you are claiming more than one loss, please indicate the first date of loss.			
Travel Period From		Travel Period To	
Total Amount Claimed		Travel Agency (if applicable)	
Type of Accident	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Medical Expenses <input type="checkbox"/> Baggage Delay <input type="checkbox"/> Flight Diversion <input type="checkbox"/> Trip Cancellation / <input type="checkbox"/> Travel Curtailment (Including Hijacking) <input type="checkbox"/> Loss / Damage of Baggage <input type="checkbox"/> Loss / Damage of Travel Document / Money	<input type="checkbox"/> Accidental Permanent Disablement <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Travel Delay <input type="checkbox"/> Flight Misconnection / Overbooked <input type="checkbox"/> Bankruptcy of Travel agent / Travel <input type="checkbox"/> Postponement <input type="checkbox"/> Personal Liability <input type="checkbox"/> Others Fraudulent Credit Card Usage, Golf Advantage, Rental Vehicle Excess, Pet Care, Home Contents, Child Education, Sports Equipment	

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 / Reference No. of Claim Made Against Other Party / Insurance Company	
Description of Claim Made Against Other Party / Insurance Company	

Personal Accident / Medical Expenses / Hospital Allowance			
Date of Accident / or Onset of Illness		Place of Accident / or Onset of Illness	
Natural of Accident / Illness (or Official Cause of Death)			
Period in Hospital From		Period in Hospital To	


Travel Inconvenience		
	Original Schedule	Actual Schedule
Flight No.		
Date and Time		
From		
To		
Name of Airline		

Trip Cancellation / Curtailment / Postponement	
Please state reason for cancellation or curtailment of holiday	
Date of Event Leading to the Cancellation / Curtailment	
Name of Sick / Deceased or Injured Person and Relationship to Insured	
If caused by illness, has the insured person suffered from this before? If so please give details:	
Amount of Deposit	
Amount of Refund	
Net Amount Claimed	
If "NIL" refund, please state why	

Loss of or Damage Personal Baggage / Loss of Personal Money / Loss of Travel Document				
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.)				
Date, time and place of loss or damage.				
If 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.				
Description of Baggage Lost or Damaged				
Description Make or Model	Date Purchased	Replacement Cost	Value before loss or damage, allowing for wear and tear	Net amount claimed allowing for salvage value

Personal Liability			
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.			

Additional Information			
Accident Date		Accident Location	
Accident Description			
Fraudulent Credit Card Usage Claim Amount		Child Education Claim Amount	
Golf Advantage Claim Amount		Sports Equipment Protector Claim Amount	
Rental Vehicle/Car Excess Claim Amount		Home Content Claim Amount	
Pet Care/Hotel Claim Amount			

Claims Payout Instruction	
 Get Paid Faster!	
<input type="checkbox"/> By Direct Credit <i>* SMS notification will be sent to you once the payment is credited to your account.</i>	
Name of Bank and Branch	
Bank Account Number	
Name of Account Holder	
<input type="checkbox"/> By Cheque <i>(Please note that processing and mailing of Cheque payment may takes up to 3 weeks)</i>	

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)
(plus) as applicable below:	
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 / Travel 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.
- 4) [Direct Credit] I/We confirm that there had not been any change to my tax residency status or any circumstances which affects my/our tax residency status and undertake to provide Etiqa with a suitably updated self-certification and documentation otherwise.
- 5) [Direct Credit] Confirm that the payment information provided by me/us in this form is true and correct and undertake to immediately inform the Company of any change in the same and will not hold the Company liable in the event that any payment transaction into my Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and/or for any other reason beyond the reasonable control of the Company.
- 5) [Direct Credit] Notwithstanding the above, Etiqa Insurance Pte Ltd reserves the right to release payment to me/us by cheque if we are unable to payout the claim by direct credit.

Date

Signature of Insured
Company's stamp (if applicable)