

Allianz Insurance Company of Singapore Pte Ltd

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Company's Registration No. 199000540G



TRAVEL INSURANCE CLAIM FORM

IMPORTANT NOTICE

The acceptance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

GENERAL SECTION (to be completed for **ALL** types of claims)

PARTICULARS OF INSURED	
Name of Insured	Are you GST registered at the commencement of the Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Insured Person	NRIC/Passport No.
Occupation	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	E-mail
Mobile No.	Office No.
Home Address	

Please advise to whom the settlement monies shall be paid	<input type="checkbox"/> Insured <input type="checkbox"/> Insured Person
Please provide full details of the incident, loss or illness	
Place where the incident, loss or illness occurred	
Do you hold any other insurance policy(s) covering you in respect of this same event? (Please provide name of Insurance Company, policy number and type of Policy)	

Documents required for **ALL** types of claims :

- Original Certificate of Insurance
- Tour Operator's final booking invoices, Airline ticket counterfoil(s) / Boarding Pass(s)
- Copy of actual travel itinerary of Trip
- Copy of your other insurance policy (if applicable)

Please complete the following relevant claim sections and return with all the documents requested.

(A) (Please tick on the relevant claim section.)

MEDICAL, DENTAL & OTHER EXPENSES	<input type="checkbox"/>	HOSPITAL ALLOWANCE	<input type="checkbox"/>
EMERGENCY MEDICAL EVACUATION	<input type="checkbox"/>	REPATRIATION EXPENSES	<input type="checkbox"/>
COMPASSIONATE VISIT BY RELATIVE / FRIEND	<input type="checkbox"/>	CHILD HELP	<input type="checkbox"/>

Date of accident or onset of illness	
Have you ever suffered this or a similar condition or a recurrence of a previous illness or injury? If yes, please specify.	
Name and address of your usual attending doctor	
Number of days of Hospital Confinement	
State amount to be claimed	

Documents required

- Medical Report advising nature and cause of injury / sickness (at the insured's expense)
- Original medical bills of the full amount of the claim
- If Hospital Allowance benefit is being claimed, please submit a letter from the hospital confirming the admission date and date of discharge
- Death Certificate and Burial / Cremation Permit (if death occurs)
- Original bills incurred for accommodation & transportation (for Compassionate Visit & Child Help claims)

(B) DELAYED BAGGAGE

Flight details		Collection of delayed baggage	
Arrival Date		Arrival Date	
Arrival Time		Arrival Time	
Places of Departure & Arrival		Places of Departure & Arrival	
Flight No.		Flight No.	
Name of Airline / Carrier		Name of Airline / Carrier	

Document required

- Letter from the Airline confirming reason for delay and duration of delay (in terms of number of hours)
- Baggage delivery docket / acknowledgement slip or Baggage Irregularity report

(C) (Please tick on the relevant claim section.)

BAGGAGE & PERSONAL EFFECTS <input type="checkbox"/>	PERSONAL MONEY & TRAVEL DOCUMENTS <input type="checkbox"/>
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Date of Loss				
Did you report the loss to the police or airline or handling agents or others (please specify)?				
If yes, please state the date of reporting.				
If the loss or damage occurred whilst the baggage was in transit or otherwise in the custody or control of others, have any steps been taken to claim against these persons? <input type="checkbox"/> If yes, please identify them and attach any correspondence and advise outcome of your claim against them. <input type="checkbox"/> If no, please state reason(s).				
Details of item(s) lost or damaged (including make / model / serial no. etc)	Place of purchase	Date of Purchase	Purchase price	Amount to be claimed

Money Lost	Amount in foreign currency	Amount in Traveller's cheque(s)	Total amount to be claimed
Amount (S\$)			

Documents required

- Original purchase receipt(s) or copy of warranty card of lost / damaged item(s)
- Photograph(s) of damaged baggage and item(s)
- Property Irregularity Report (if baggage was lost or damaged by an airline or carrier)
- Police Report (translated into English)
- Original receipts for replacement of lost items
- Documents stating the amount of compensation from airlines or other sources

(D) (Please tick on the relevant claim section.)

TRAVEL DELAY <input type="checkbox"/>	OVERBOOKED SCHEDULED PUBLIC CONVEYANCE <input type="checkbox"/>
MISSED FLIGHT CONNECTION <input type="checkbox"/>	HIJACKING <input type="checkbox"/>

Original flight or transportation details		Re-scheduled flight or transportation details	
Date		Date	
Time		Time	
Place of Departure		Place of Departure	
Flight No. / Transportation details		Flight No. / Transportation details	
Name of Airline / Carrier		Name of Airline / Carrier	

Documents required

- Written confirmation from operator(s) of the scheduled public conveyance stating reason for the delay and the duration of delay (in terms of number of hours)
- Original receipts for meals, accommodation or refreshment expenses incurred if not provided for or compensated by the airline or carrier or other third party (for Missed Flight Connection and Overbooked Scheduled Public Conveyance Claim)

(E) (Please tick on the relevant claim section.)

LOSS OF DEPOSIT OR CANCELLATION <input type="checkbox"/>	CURTAILMENT <input type="checkbox"/>
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When & where was your travel package being booked?		
Intended departure date		
Date of cancellation / curtailment		
Please state reason(s) for cancellation or curtailment of trip / travel		
Amount paid by you	Amount recovered / refunded to you	Amount to be claimed

Documents required	
<p>Loss of Deposit or Cancellation</p> <ul style="list-style-type: none"> • If due to own injury / illness, please submit a written advice from doctor (at the insured's expense) • If due to next-of-kin's death / injury / illness, death certificate or attending doctor's written advice respectively is required (at the insured's expense) • Document(s) confirming relationship if cancellation was due to next-of-kin's death / injury / illness • Original cancellation invoice from tour operator stating the amount of refund. If there is no refund, please provide us with the original air tickets for record • Documents confirming travel agent's bankruptcy/ insolvency (if applicable) 	<p>Curtailment</p> <ul style="list-style-type: none"> • Original letter from tour operator stating the amount of refund • If due to own injury / illness or that of travelling companion, please submit written advice or certificate from the overseas attending doctor confirming their advice for your or your travelling companion's return to Singapore • If due to next-of-kin's death / injury / illness, death certificate or attending doctor's written advice respectively is required (at the insured's expense) • Document(s) confirming relationship if curtailment was due to next-of-kin's death / injury / illness

(F) PERSONAL ACCIDENT / PERMANENT TOTAL DISABLEMENT

Date & Place of Accident	
Cause of Accident & Nature of Injury	
Name of your attending doctor	
Address of registered medical institution that you were admitted	
Have you ever suffered this or a similar condition or a recurrence of a previous illness or injury? If yes, please specify.	

Documents required :

- Death Certificate and Burial / Cremation Permit (in respect of death claim)
- Letter of Probate or Letter of Administration (in respect of death claim)
- Medical report (for permanent disablement or loss of limbs(s) or sight)
- Police Report (for any transport-related accident case)

(G) PERSONAL LIABILITY

* You must not admit liability or give representations or other binding undertakings without our written consent.

Date & Time of incident	
Names & Addresses of all Witnesses of the Incident	
Name & Address of person who caused or who was to be blamed for this Incident	
Name & Address of possible claimant	
Please advise the extent of damage to property or bodily injury	
Has any claim been made upon you? If yes, what is the claim amount?	
Was a police report made? If so, when was it made?	

Documents required

- Copy of third party's claim / demand letter
- Photographs of damage
- Repair quotation (if any)
- Police report (if available)

(H) RENTAL VEHICLE EXCESS

Date of Accident	
Location of Accident	
Excess Amount to be claimed	

Documents required

- Copy of the Rental Agreement and repair invoice
- Documentary evidence of the amount of excess or deductible paid
- Copy of Police Report made in the country where the accident occurred
- Copy of Motor Insurance Policy for this rental vehicle
- Photographs of damage

(I) HOME SURE

Date of Fire	
Location of Fire	
Are you the sole owner of the property lost or damaged?	
What is the amount to be claimed?	

Documents required

- Copy of Police Report
- Original purchase receipt(s) of lost / damaged items (if available), or merchant's price list of identical items lost / damaged
- Photograph(s) of damaged items (if available)
- Quotation for repair/replacement

DECLARATION

I hereby declare that the information stated on this form is true and correct to the best of my knowledge and belief.

I hereby authorise any hospital, doctor and other person(s), who attended or examined me, to furnish to Allianz Insurance Company of Singapore Pte Ltd, or its authorised representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.

Signature of Insured
(Please endorse with company stamp, if applicable.)

NRIC / Passport No.

Name of Insured

Date