

Travel Insurance Claim Form - PA / Medical Expenses

Important Notice:

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 2 Claims should be submitted within **thirty (30) days** after completion of the journey.
- 3 All original final bills, certificates, supporting documents should be provided to substantiate your claim.
- 4 All medical reports must be submitted at the claimant's expense before a claim can be admitted.
- 5 Please answer in full all applicable questions as incomplete answers may delay claims settlement.
- 6 You may use one form for multiple claimants if within the same family and payment is to the same person.

Agency _____ Policy / Certificate No _____

Claim documents submitted by Self IntermediaryHave you notified us of this claim earlier? No Yes by email / fax / telephone call to _____

Please state any reference number assigned to you earlier: Claim no / Temporary ref no _____

Useful notes:

- a) **Medical and TCM bills must indicate a breakdown of the expenses incurred (consultation and medication prescribed). Do not submit receipts as these will not show enough information for the claim to be assessed.**
- b) **The medical condition being treated must be clearly stated on the statement or doctor's memo.**
- c) **Specialist Consultation and Treatment must be referred by a General Practitioner.**

A. GENERAL SECTION**1. Insured/Claimant's Particulars**

a. Name: Dr/Mr/Mrs/Ms _____

b. Address _____

c. NRIC / Passport Number _____ Date of Birth _____ Occupation _____

d. Contact Details

(Res) _____ (O) _____ (HP) _____

Email address _____

2. Circumstances of Claim

a. Period of travel for this trip _____ to _____ Date of return _____

*(Please attach copy of passport / itinerary / documents showing period of travel)***b. Date / Time of Accident/Illness**

Date: _____ Time: _____

c. Please state exactly what happened including nature and cause of injury or illness (if insufficient space, please attach statement).

3. Claim History / Other Insurances

a. Have you or any Insured person ever previously sustained a loss of this nature or made any previous claim in respect of Travel Insurance? If so, please state details.

b. Is there any other insurance in force covering this loss? Yes No

If so, please state Insurance Company and Policy Number.

Insurance Company: _____ Policy Number: _____

B. PERSONAL ACCIDENT / MEDICAL EXPENSES / REPATRIATION EXPENSES

Please attach as applicable:

- 1) Medical Bills and Certificate 2) Medical Report 3) Boarding Pass/Air Ticket
4) Police or other reports as applicable.

1a. Please give reasons for additional accommodation or traveling expenses incurred if any.

Person who incurred expenses _____ Relation to Insured _____

1b. Has claimant suffered from this complaint before? Yes No

Date of previous treatment: _____

1c. Treatment Details Overseas:

Out-patient In-patient Day Surgery Admit on _____ Discharged on _____ No. of Days _____

Amount Claimed _____

2. Will there be any more bills to be submitted? Yes No

If yes, please elaborate _____

C. PAYMENT DETAILS (if claim falls within terms and conditions of the policy)

Please confirm payee name if claim is payable _____

Note: If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.

Declaration - to be signed by the Claimant

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg

Signature

Date

Name

NRIC Number