

Travel Insurance Claim Form **Policy / Certificate No** _____

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 Please answer in full all applicable questions as incomplete answers may delay claims settlement.
- 4 All original final bills, certificates, supporting documents should be provided to substantiate your claim.
- 5 All medical reports must be submitted at the claimant's expense before a claim can be admitted.

Personal Particulars of Policyholder / Claimant

Full Name (as in NRIC/FIN): Dr/Mr/Mrs/Ms _____

NRIC/FIN Number: _____ Date of Birth: _____

Correspondence Address: _____

Email Address: _____ Mobile Number: _____

Types of Claim

Note: Please complete only the section(s) which is relevant to your claim and tick where appropriate.

A. Medical Expenses Personal Accident Emergency Medical Evacuation & Repatriation Expenses

Note: Specialist Consultation and Treatment must be referred by a General Practitioner.

Supporting documents required include:

- Travelling itinerary, airline ticket, boarding pass or copy of passport with stamp showing the departure date from Singapore and return date to Singapore.
- Original medical receipt/bills indicating the breakdown of the expenses incurred (consultation and medication prescribed).
- Medical Report (at the claimant's expense before a claim can be admitted).
- Any other documents that can facilitate the assessment of the claim.

Date and Time of Accident or illness: _____

Please describe what happened:

Details of injury or illness: _____

Have you ever suffered from this or a similar condition or a recurrence of a previous illness or injury?

- Yes, date of symptoms first started/treated was on _____
- No.

Will there be any more treatments required?

- Yes, next treatment will be on: _____
- No, there will be no further bills to be submitted.

B. Loss or Damage to Baggage / Personal Effects Loss of Travel Documents / Money

Supporting documents required include:

- Travelling itinerary, airline ticket, boarding pass or copy of passport with stamp showing the departure date from Singapore and return date to Singapore.
- Police Report, Property Irregularity Report
- Purchase receipts / Warranty Card of Lost Item(s)
- Any other documents that can facilitate the assessment of the claim.

Date and Time of Occurrence: _____

Please describe what happened:

Has this loss/damage been reported to the relevant authorities/police?

Yes.

No, please state reason(s): _____

Any compensation received from carrier/other parties responsible for the loss?

Yes. Amount received: _____

No.

Description of items lost or damage

Note: Please attach a separate list if insufficient space

Description (Make & Model)	Date of Purchase	Name & Address from whom Goods were purchased	Original Purchase Price	Amount Claimed

C. Baggage Delay

Supporting documents required include:

- Travelling itinerary, airline ticket, boarding pass or copy of passport with stamp showing the departure date from Singapore and return date to Singapore.
- Police Report, Property Irregularity Report, Baggage Return Acknowledgement Slip (Letter from Carrier).
- Any other documents that can facilitate the assessment of the claim.

Flight Details		Collection of Delayed Baggage Details	
Flight Number:		Date and Time:	
Arrival Date and Time:		Place of collection:	

D. Travel Delay Trip Misconnection Trip Cancellation and Curtailment

Supporting documents required include:

- Travelling itinerary, airline ticket, boarding pass or copy of passport with stamp showing the departure date from Singapore and return date to Singapore.
- Carrier's/airline's written confirmation on the reason and period of delay/interruption to the flight.
- Medical Report/Death Certificate.
- Letter from Hotel/airline/carrier regarding refunds.
- Bills / Tax invoices of pre-booked travel and/or accommodation expenses.
- Any other documents that can facilitate the assessment of the claim.

Scheduled Departure Date and Time: _____

Actual Departure Date and Time: _____

Cause of Delay/Missed Connection: _____

Reason for Trip Cancellation: _____

If Trip Cancellation is due to illness, have you suffered from this illness before? Please furnish details.

Total Amount Paid for the Trip: _____ Total Refund Received: _____

E. Rental Vehicle Excess

Supporting documents required include:

- Police or Accident Report
- Bills showing amount paid
- Rental Agreement/Letter/Receipt from Rental Company

Amount claiming: _____

F. Others

In respect of any other claim which does not fall within the sections stated above, please provide details and supporting documents of the claim you are submitting. If the space below is insufficient, please attach another page.

Other Insurance / Information

Do you have any other policies covering you on respect of this claim? Yes No If Yes, please furnish details.

Have you made any previous claims under any other policies? Yes No If Yes, please furnish details.

Payment Details (If Claim falls within the terms and conditions of the Policy)

If your claim is approved and you are registered with PayNow, the settlement will be made directly to your bank account. Otherwise, we will mail a cheque to the address provided by you.

Payee Name: _____ **Payee NRIC:** _____

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

Declaration

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.

Name & Signature of Claimant
(Affix Company stamp if applicable)

Date

NRIC Number