

Travel Insurance Claim Form - Flight & Baggage Inconvenience

Important Notice:

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 2 All original final bills, certificates, supporting documents should be provided to substantiate your claim.
- 3 All medical reports must be submitted at the claimant's expense before a claim can be admitted.
- 4 Claims should be submitted within **thirty (30)** days after completion of the journey

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 _____

A. GENERAL SECTION – Please complete this 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 _____

b. Date / Time of Accident/Illness

Date: _____ Time: _____

c. Please state exactly what happened (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: _____

PLEASE COMPLETE ONLY THE SECTIONS WHICH ARE RELEVANT TO YOUR CLAIM

B. TRAVEL DELAY / FLIGHT MISCONNECTION Please attach as applicable: 1) Air Ticket / Boarding Pass 2) Letter from Carrier explaining delay 3) Flight Itinerary	
Original Flight Details	Delayed Flight Details
Date:	Date:
Time:	Time:
Place of Departure:	Place of Departure:
Conveyance No:	Conveyance No:
Name of Airline:	Name of Airline:

1a. State reason for delay

C. BAGGAGE DELAY / DELAY DUE TO HIJACK Please attach as applicable: 1) Air Ticket / Boarding Pass 2) Property Irregularity Report 3) Receipts 4) Letter from Carrier	
Flight Details	Collection of Delayed Baggage Details
Arrival Date:	Date:
Arrival Time:	Time:
Place of Departure:	Place:
Conveyance No:	
Name of Airline:	

D. 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