

TRAVEL CLAIM FORM

GENERAL SECTION (Attach copy of Travel Policy Schedule and Travel Itinerary when submitting your claim)			
1. Name of Policyholder/Insured _____ Trade/Occupation _____ Name of Insured Person _____ NRIC No. _____ Occupation _____ Date of Birth _____ Sex: Male / Female Relationship to Policyholder/Insured _____ Address (Home) _____ (Business) _____ (Email) _____ (Telephone No.) Office _____ Home _____ Mobile _____			
2. Policy/Certificate No. _____ Broker/Agent/Travel Agency _____ Name of Contact Person/Email/Telephone No. _____ Period of Insurance From _____ To _____			
3. Is there any other insurance in force covering this loss of expenses? If so please state	Insurance Company _____ Address _____ Policy/Certificate No. _____		
4. Have you or any insured person ever previously sustained a loss of this nature? If so please state	Date _____ Circumstances _____ Insurance Company involved _____		
A. LOSS OF DEPOSITS AND TOUR CHARGES/CANCELLATION (Attach Medical Certificate, Death Certificate, Letter of Administration, Letter from Doctor, Invoices or evidence of proof whichever is applicable)			
1. Please state reason for cancellation or curtailment of holiday			
2. Date of event leading to the cancellation or curtailment			
3. If caused by illness, has the Insured person suffered from this before? If so please give details			
4. Amount claimed	Amount of Deposits	Less Refund	Net Amount Claimed
5. If "NIL" refund, please state why			
B. PERSONAL ACCIDENT (Attach Medical Certificates, please check with us if you are required to arrange for the completion of a Personal Accident Claim Form)			
1. Date, time and place of accident			
2. State cause of accident and nature of injuries			
3. a) State the period during which you have been totally disabled from attending to your business as the sole and direct result of the accident			
b) Are you still totally disabled? If not, from what date were you able to attend to some part of your business?			
c) Has the same part been injured previously?			
d) Give name, address and contact details of any witness of the accident			

NOTE: The issuance of this form is not an admission of liability by the Insurer.

e) Give name and address of Doctor who attended to you	
f) Name and address of your ordinary Medical Attendant	
g) State where and when a Medical or other Officer of the insurer can visit you, if necessary	
h) Please state whether in respect of the accident you are entitled to receive compensation from any other source. If so, from what source and to what extent?	

C. MEDICAL EXPENSES (Attach Medical Certificates and Invoices. If claim for dependent children, attach Certificate of Birth)

1. Nature and cause of illness or injury	
2. Date of illness or injury giving rise to expenses	
3. a) Medical and similar expenses involved	
b) Number of days for Hospital Confinement	
4. Have you ever had the same or similar condition or symptoms relating thereto? If yes, please state name and address of Physician and date of previous treatment.	

5. Name and address of your usual Attending Physician (Family/Company)	

D. TRAVEL INCONVIENCE

1. MISSED CONVEYANCE / FLIGHT DELAY (Attach letter from Transport Provider stating the hours of delay and the reasons for such delay or reason for missing conveyance and purchase receipts, if applicable)

<u>Original Flight Details</u>	<u>Rescheduled Flight Details</u>
Flight Number	Flight Number
Date/Time	Date/Time
Place of Departure	Place of Departure
Name of Transport Provider	Name of Transport Provider

2. BAGGAGE DELAY (Attach Property Irregularity Report and purchase receipts, if applicable)

<u>Flight Details</u>	<u>Collection of Delayed Baggage</u>
Flight Number	Date
Date/Time	Time
Place of Departure	Place
Name of Transport Provider	

3. HIJACK (Attach reports from media and carrier)

Give details which lead you to conclude a hijack took place

E. PERSONAL LIABILITY (Attach letter from Third Party, Police or Court whichever is applicable) Any communication received regarding the accident should be sent to the insurer immediately (Unanswered)	
1. Date, time and place of accident	
2. State cause of accident	
3. If the accident could have been prevented, state what precaution might have been taken?	
4. Was the accident due to carelessness or negligence on your part?	
5. Have you in any way admitted liability?	
6. To which Police Officer or at which Police Station (if any) did you report the occurrence?	
7. Name, address and contact details of any witness of the incident	
8. Name and address of the other party or parties	
9. The nature of the personal injuries, if any, sustained by any person as a result of occurrence. Name, age and address of the injured person. The type of injuries sustained by the injured person	
10. The extent of the damage to property	
11. Whether any claim has been made upon you. If so, was the amount of such claim specified?	
12. Please give any additional information which you consider would help the Insurer in dealing with any claim that may be made against you	
F. LOSS OF OR DAMAGE TO PERSONAL BAGGAGE/LOSS OF PERSONAL MONEY/LOSS OR TRAVEL DOCUMENT (Attach Purchase Receipts, Property Irregularity Report or Police Report whichever is applicable)	
1. 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)	
2. Date, time and place of loss or damage	
3. If the 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.	
4. If claim is in respect of articles lost or stolen, has a thorough search been made and notification sent to Shipowners, Hotel Proprietors, Police or other parties who may be able to assist in the recovery? Please give details.	
5. State the total value of money lost	Amount in Singapore Currency Amount in Foreign Currency Amount in Travellers' Cheque

DESCRIPTION OF BAGGAGE LOST OR DAMAGED					
Description (Make & Model)	Date Purchased	Purchase Price	Deduction for Wear and Tear and Depreciation	Amount allowed for Salvage	Amount Claimed

**(A) MEDICAL INFORMATION AUTHORITY AND (B) PERSONAL DATA PROTECTION ACT
(MUST BE COMPLETED BY INSURED PERSON)**

I, _____ NRIC No. _____

hereby authorise any hospital, surgeon, medical practitioner, clinic, insurance office or other person or organisation who has attended to me for any reason, to disclose to Allied World Assurance Company, Ltd any and all information with respect to any illness or injury and to provide copies of all hospital or medical records/certification including earlier medical history. A copy of this authorisation shall be considered as effective and valid as the original. The information given is true and correct to the best of my knowledge and belief.

I/We declare and acknowledge that: (i) all information given in this form is true and correct to the best of my/our knowledge and belief; (ii) I/We have not concealed or suppressed any material fact or made any false statement in relation to the claim; and (iii) I/We acknowledge and consent to Allied World collecting, using, disclosing and processing my/our personal data for the purposes of managing and administering my/our claim including disclosing my/our personal data to third party service providers within or outside Singapore in accordance with the Allied World Singapore Personal Data Protection Policy available at <https://www.awac.com/asiapacretail>.

Signature of Policyholder/Insured
and Company's stamp, if applicable

Signature of Insured Person / Date
(18 years and above)

DECLARATION

I/We, the undersigned, do hereby, to the best of my/our knowledge, and belief, warrant the truth of all statements herein and the non-concealment or suppression of any material fact, and I/We further agree and undertake that I/We shall not hereafter make any false statement or conceal or suppress any material fact relating to the accident.

Signature of Policyholder/Insured
and Company's stamp, if applicable

Date