

Claim Form – Travel Insurance

This Form is issued without prejudice to any of the Stipulations or Conditions of the Company's Policy, and is not to be taken as an admission of liability on the part of the Company.

This Form should be completed and returned within thirty-one (31) days after the expiry of insurance.

Please mail the completed Claim Form and supporting documents to:

Broadspire by Crawford & Company

Travel Claims Department

No.8 Shenton Way

#03-01

Singapore 068811

Telephone: 6632 8639

Facsimile: 6632 8040

Email: travel-uoi@broadspire.asia

Singapore Company Reg No: 197101412E

IT IS ESSENTIAL THAT EACH QUESTION SHOULD BE ANSWERED AS FULLY AND ACCURATELY AS POSSIBLE.

PARTICULARS OF CLAIM

Insured Name :	_____	Insured Person Name :	_____
		NRIC/ Passport No. :	_____
Address :	_____	Policy/ Certificate No :	_____

	Singapore _____	Contact Number :	Home _____
Email :	_____		Mobile _____
Payee Name/ Settlement to be made to :	_____		

1.	Description of the incident of loss or injury or illness	
2.	Are you any other insurance policies in force covering you in respect of this event? If "Yes", please provide the name and address of the Insurance Company.	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify

Documents Required for All Claims

- Copy of Certificate of Insurance
- Tour Operators Confirmation of booking invoices, Airline ticket counterfoil(s)/ Booking Pass(es)
- Copy of actual travel itinerary of Trip
- Copies of your other insurance policy, if any

Claim Form – Travel Insurance *Cont'd*
**MEDICAL & OTHER EXPENSES/ EMERGENCY MEDICAL EVACUATION/
 HOSPITAL ALLOWANCE/ REPATRIATION EXPENSES/ PERSONAL ACCIDENT/ PERMANENT
 TOTAL DISABLEMENT**
Please tick accordingly

- | | |
|---|--|
| <input type="checkbox"/> Medical & Other Expenses | <input type="checkbox"/> Hospital Allowance |
| <input type="checkbox"/> Emergency Medical Evacuation | <input type="checkbox"/> Repatriation Expenses |
| <input type="checkbox"/> Personal Accident/ Permanent Total Disablement | |

1 Name of Insured Person (Patient)

2 Date and Place of Accident/ or onset of illness

3 Nature and cause of accident/ illness

4 Period in hospital, (if any) From _____ To _____

 5 Name and Address of other Insurance Company
 covering your medical expense(s)

Policy reference Number _____

Date	Medical Institution/ Hospital/ Clinic	Nature of Expenditure	Amount (state currency if not S\$)

Documents Required:

- Medical Report showing nature or diagnosis of injury/ sickness
- Original Medical Bills/ Receipts for the full amount of the claim
- If hospital benefit is claimed, a letter confirming the date of admittance and the date of discharge from hospital is required.
- Police Report (for accident-related cases)
- Death Certificate and Burial/ Cremation Permit (if death occurred)

Claim Form – Travel Insurance *Cont'd*

MEDICAL CERTIFICATE	
<i>This certificate is to be furnished at the claimant's expenses and must be completed by the claimant's usual doctor</i>	
1.	Patient's name : _____
2.	(a) Are you this patient's usual doctor <input type="checkbox"/> Yes <input type="checkbox"/> No (b) If "Yes", for how long? _____
3.	Describe (a) accidental injuries (b) cause of death (c) illness of patient _____
4.	Date medical treatment first sought for this condition _____
5.	History of this condition or any relevant condition with date(s) of treatment. If none, please state so _____
6.	If you were treating the patient prior to the holiday, was he/she fit to travel at date of booking? _____ Date of Booking: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Doctor's signature Doctor's name and Qualifications Date _____ Clinic Address	

Claim Form – Travel Insurance *Cont'd*

LOSS OF DEPOSIT/ CANCELLATION/ CURTAILMENT OR TRAVEL INCONVENIENCE (Please tick accordingly)		
<input type="checkbox"/> Cancellation (before onset of trip) <input type="checkbox"/> Curtailment <input type="checkbox"/> Travel Delay <input type="checkbox"/> Missed Flight Connection <input type="checkbox"/> Overbooked Flight <input type="checkbox"/> Hijacking		
1	Full name of all Insured Person	
2	Date of Occurrence, Cancellation or Curtailment	
3	Reason for Cancellation/ Curtailment/ Travel Delay/ Missed Flight Connection/ Overbooked Flight/ Hijacking	
<u>Documents Required:</u> <ul style="list-style-type: none"> • Cancellation ~ If due to own illness/ injury, doctor's letter is required <li style="padding-left: 1.5em;">~ If due to Immediate Family Member's death/ illness/ injury, Death Certificate or doctor's written advice respectively is required. <li style="padding-left: 1.5em;">~ Document confirming relationship if cancellation was due to Immediate Family Member death/ illness/ Injury <li style="padding-left: 1.5em;">~ Original cancellation invoice from Travel Agent stating the amount of refund. <li style="padding-left: 1.5em;">If there is no refund, please provide the original air ticket(s) for record. • Curtailment ~ Original letter from Travel Agent stating the amount of refund. <li style="padding-left: 1.5em;">~ If due to own illness or that of travelling companion, written advice or certificate from the treating doctor overseas confirming the advice for you or your travelling companion's return to Singapore is required. <li style="padding-left: 1.5em;">~ If due to Immediate Family Member's death/ illness injury, death certificate or doctor's written advice respectively is required. <li style="padding-left: 1.5em;">~ Document(s) confirming relationship if curtailment was due to Immediate Family Member's death/ illness/ Injury. • Travel Delay/ Missed Flight Connection/ Overbooked Flight/ Hijack ~ Written confirmation from operators of the airline, sea vessel or train stating the reason for departure delay and the duration of delay in number of hours <li style="padding-left: 1.5em;">~ Original receipt for meals, accommodations or refreshment expenses incurred if not provided for or compensated by the carrier or any third party. 		
DELAYED BAGGAGE		
	Flight Details	Collection of Delay Baggage
1	Arrival Date and Time _____	Arrival Date and Time _____
2	Flight No _____	Flight No _____
3	Name of Airline _____	Name of Airline _____
<u>Documents Required:</u> <ul style="list-style-type: none"> • Letter from Airline confirming reason for delay and duration • Baggage delivery receipt/ acknowledgement or Baggage Irregularity report. 		

Claim Form – Travel Insurance *Cont'd*

LOSS OF BAGGAGE & PERSONAL EFFECTS/ LOSS OF PERSONAL MONEY & TRAVEL DOCUMENTS					
1	Did you report the loss to the police or airline or handling agents?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	If "Yes", state to whom did you report the loss and date of loss reported.			Reported to: _____ Date: _____	
3	Details of item(s) lost or damaged				
	Item Description	Place Bought	Purchase Date	Purchase Price	Amount Claimed
4	Loss of Money				
	Amount in notes (S\$)	Amount in foreign currency notes	Amount in travellers cheques	Total amount claimed	
Documents Required:					
<ul style="list-style-type: none"> • Original purchase receipt(s)/ Warranty card/ Instruction Manual (s) • Photograph (s) of damaged baggage were applicable • Property Irregularity Report for lost or damaged of baggage by an airline or carrier • Police Report translated into English, where applicable, is required for Money and theft claim. 					
PERSONAL LIABILITY/ RENTAL VEHICLE EXCESS					
1	Date and Place of accident/ incident				
2	Please describe how the accident/incident occurred				
3	What is the name of and address of the other party?				
4	Was a police report made? If Yes, when and where was it made?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Claim Form – Travel Insurance *Cont'd*

PERSONAL LIABILITY/ RENTAL VEHICLE EXCESS (Cont')				
5	Has a claim been made against you? If Yes, give details and attach all communication received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Documents Required: <ul style="list-style-type: none"> • Photographs of Damage • Third Party's letter, if any, holding you liable for the incident • A copy of rental vehicle agreement and repair invoice (applicable for Rental Vehicle Excess Claim) • Related police report, if available [Document(s) in foreign language except in the local working language, ie. English is to be translated at your own expense before submitting].				
HOMESURE (FIRE INSURANCE COVER FOR HOUSEHOLD CONTENTS)				
1	Date and Place of accident/ incident			
2	Please describe how the accident/ incident occurred			
3	Is there other insurance covering the property concerned? If "Yes", please provide the insurance company and Policy reference no.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Insurance Company: _____		
		Policy reference no : _____		
4	Details of item(s) lost or damaged			
	Item Description (including Make and Model)	Purchase Date	Purchase Price	Amount Claimed
Documents Required: <ul style="list-style-type: none"> <li style="width: 50%;">• Photographs of Damage <li style="width: 50%;">• Police report/ Results <li style="width: 50%;">• Original invoices/ Purchase receipt of items. <li style="width: 50%;">• Quotation for repair/ replacement. 				

Declaration

I declare that the information given in this claim form is true and correct to the best of my knowledge and belief.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the Company, or its authorized 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 photostated copy of this authorization shall be considered as effective and valid as the original.

 Name and Signature of Insured/ Insured Person

 Date