TRAVEL INSURANCE (TI)
CLAIM FORM

Agency/Broker: _____

TI Policy No.: _____

IMPORTANT

1. This form is issued and/or accepted without admission of liability.
2. The insured must complete this form fully and accurately.
3. The list of documents required is not exhaustive and we reserve the right to request from you any additional information/documentation, as necessary.

1. Particulars of Policyholder

Name of Policyholder (Company)				GST Registered	◯Yes ◯No
				GST No. (if Yes)	
Company Address				Date of Enrolment/Cover	
Contact Person				Nature of Business	
Contact No.				Email	
(HP)		(O)			
Name of Person who lodged report (As in NRIC/Passport)				NRIC/Passport/WP/FIN No.	
Contact No.			Total No. of Employees	Occupation	
(HP)		(O)			

2. Particulars of Insured *(Only applicable if information differs from above)*

Name of Insured (as shown in NRIC)						NRIC/Passport No.	
Home Address						Gender	◯Male ◯Female
Mailing Address *(leave blank if same as above)*						Marital Status	
Contact No.						Date of Birth *(dd/mm/yyyy)*	
(H)		(O)		(HP)			
Email Address						Occupation	

3. Travel Details

Period of Travel for this trip
From *(dd/mm/yyyy)* _____ to *(dd/mm/yyyy)* _____
Country Travelled To

4. Type of Claims

Please tick the types of claim you are sending us and the documents you are attaching for this claim. We may ask for more documents to assess the claim.

☐ **PERSONAL ACCIDENT** ☐ **MEDICAL EXPENSES**	
Supporting Documents needed (or attached)	☐ Flight itinerary, boarding pass or passport stamp which shows the date of departure and arrival to Singapore
	☐ Original final hospital or medical or ambulance bills and receipts
	☐ Medical report or inpatient discharge summary (stating clearly the start date, cause, extent of permanent disability (if this applies) and nature of injury or illness)
	☐ Referral letter by general practitioner for specialist treatment
	☐ Police or accident report (accident claim only)
	☐ A copy of the reimbursement letter or discharge voucher from the insurer or employer (if there is a previous refund from another insurer or employer)

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	☐ Death certificate or autopsy report or toxicological report or coroner's findings (death claim only)
	☐ Proof of policyholder's or person claiming's relationship with the person who has died (death claim only)

Policyholder or person claiming	Documents needed
Husband or Wife	Marriage Certificate
Parent	Birth certificate of person who died
Child	Birth certificate of policyholder or person claiming
Brother or Sister	Birth certificates of person who has died and policyholder or person claiming

Date/Time of Accident/Illness	Cause of Accident/Illness
Place of Accident/Illness	**Nature and Extent of Injury or Illness**

Have you suffered from this injury, illness or similar condition before? ◯Yes ◯No
If yes, please give details:

Dates of consultations *(dd/mm/yyyy)*

Name and Address of Physician

Has your treatment been completed? ◯Yes ◯No
If no, please advise when treatment is expected to be completed

Amount Claimed in respect of Medical Expenses and similar expenses

Total amount paid by you	Total amount recovered from other sources	Total amount claimed

☐ **TRIP CANCELLATION** ☐ **POSTPONEMENT OF TRIP** ☐ **SHORTENING OF TRIP**

Supporting Documents needed (or attached)	☐ Flight itinerary, boarding pass or passport stamp which shows the date of departure and arrival to Singapore
	☐ Tour itinerary and tour booking invoice or receipt
	☐ Travel agency or airline confirmation on the cost of non-refundable prepaid travelling expenses (including cancellation fees)
	☐ Written advice or medical certificate from a qualified attending doctor confirming that you were unfit to travel (for cases of serious injury or illness)
	☐ Death certificate (where someone's death caused this cancellation)
	☐ Proof of insured's relationship with the person who is sick or who died
	☐ Original invoice and receipt for charges incurred in amending or purchasing additional air ticket (for trip curtailment)

Intended departure date *(dd/mm/yyyy)*	Date of cancellation, postponing or shortening of your trip *(dd/mm/yyyy)*
When and Where was the trip booked?	**What is the reason for the trip cancellation?**

Total amount paid by you	Total refund paid to you	Amount you want to claim

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☐ **TRAVEL DELAY** ☐ **BAGGAGE DELAY** ☐ **FLIGHT MISCONNECTION**

Supporting Documents needed (or attached)	☐ Written confirmation from carrier on the duration and reason(s) for delay
	☐ Documents stating amount of compensation from airlines or other source(s)
	☐ Original receipts in respect of hotel accommodation and restaurant meals or refreshments (if any)

TRAVEL DELAY		
	Original Flight Details	**Actual Flight Details**
Date of Departure *(dd/mm/yyyy)*		
Departure Time (am/pm)		
Place of Departure		
Flight No.		
Name of Airline		
What is the cause of delay?		Length of delay

FLIGHT MISCONNECTION		
	Original Flight Details	**Actual Flight Details**
Date of Departure *(dd/mm/yyyy)*		
Departure Time (am/pm)		
Place of Departure		
Flight No.		
Name of Airline		

BAGGAGE DELAY			
Date of Arrival *(dd/mm/yyyy)*		Arrival Time (am/pm)	
Baggage Collection Date *(dd/mm/yyyy)*		Baggage Collection Time (am/pm)	
Flight No.		Place of Baggage Collection	
Name of Airline			

☐ **LOSS OR DAMAGE TO BAGGAGE, PERSONAL EFFECTS, MONEY, TRAVEL DOCUMENTS**

Supporting Documents needed (or attached)	☐ Flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
	☐ Police report lodged at the place of loss
	☐ Property irregularity report for loss in carrier's custody
	☐ Any other loss reports
	☐ Original purchase receipts and/or warranty cards for lost items
	☐ Original receipts for replacement of lost items
	☐ Photographs to show extent of damage and original repair invoices
	☐ Documents stating amount of compensation from airlines or other sources

Date/Time of Loss or Damage	Place of Loss or Damage

To provide full details of circumstances leading to the loss or damage

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? *If yes, please provide details*	◯Yes ◯No

Description (Make/Model)	**Date of Purchase**	**Place of Purchase**	**Original Purchase Price**	**Amount Claimed**
(1)				
(2)				
(3)				
(4)				

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☐ **Personal Liability**

Note: In no circumstances should the issue of legal liability be admitted to any third party claimants. Please enclose letters/writs/summons from third party/police/court.

Date/Time of Accident	Place of Accident/Illness
Description of Accident	**Name and Address of the other party(s)**

Nature of personal injury sustained by any person(s)
Extent of damage to property belonging to other party(s)

Was the accident due to carelessness or negligence on your part?	◯ Yes ◯ No
Have you in any way admitted liability?	◯ Yes ◯ No
Any knowledge of claim has been made upon you? *If yes, please specify the amount*	◯ Yes ◯ No

Amount Claimed in respect of Medical Expenses and similar expenses		
Total amount paid by you	**Total amount recovered from other sources**	**Total amount claimed**

5. OTHER INSURANCE OR COMPENSATION

Is there any other insurance in force covering this loss? *If Yes, please provide information below:*	◯ Yes ◯ No

Name of Insurance Company	
Type of Policy	
Policy No.	
Amount Claimed	

Have you or the Claimant ever had previous claims? *If Yes, please provide information below:*	◯ Yes ◯ No

Date Claimed *(dd/mm/yyyy)*	
Circumstances	
Insurance Company(s) involved	
Amount Claimed	

REMARKS:

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DECLARATION

i. I declare that the above statements and answers are true and complete to the best of my knowledge and belief.

ii. I hereby authorize any hospital, physician, person or organization to disclose when requested to do so by ECICS Limited, all information with respect to any illness, injury, medical history, consultations, prescription or treatments and copies of all hospital or medical records.

iii. I authorize to disclose information (including health information) about the insured person if this claim is made on behalf of them.

iv. A photocopy of this authorization shall be considered as effective and valid as the original.

NOTICE: Personal Data Protection Policy

We/I understand, acknowledge, agree and consent that:

a) ECICS Limited (the "Insurer") is permitted to collect, use, disclose and/or process my personal data/personal information set out in this Claim Form and any other personal information provided by me or possessed by ECICS Limited (collectively the "Personal Information") and disclose and transfer such Personal Information to the Insurers' lawyers/law firms, Insurers' doctors, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
(ii) investigations relating to the claims;
(iii) investigating my claims
(iv) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(v) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(vi) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

b) the Insurers' lawyers/law firms, insurer's doctors, adjuster may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside Singapore, for one or more of the above Purposes.

Note: ECICS Limited Privacy Policy can be found at http://www.ecics.com.sg/pers.htm

Signature of Insured Person/Employee	Signature of Employer/Company's Stamp
Date:	Date:

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