



TRAVEL CLAIM FORM

Important Information:

1. The Policyholder and/or the Insured Person must truthfully give information and particulars to the best knowledge and belief.
2. We are not admitting to any legal responsibility by accepting this Travel Claim Form.
3. If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any policy benefits, the policy will be rendered void.
4. We will inform you if we need further information, reports, or documents. Do note the cost of obtaining any information, reports or documents will be borne by the Policyholder.
5. Please inform us as soon as possible and not later than 30 days after any incident that may result in a claim under this Policy.

Thank you

Please complete this section and the relevant section(s) in order to make your claim(s).

Name of Policyholder

Policy Number

Period of Insurance

General Section

If you are the Insured Person filing the claim, please let us have your name and how we should address you?

Relationship between the Policyholder and the Insured Person filing the claim

Policyholder's/Insured Person's Mobile Number

Policyholder's/Insured Person's NRIC/Birth Certificate/Passport Number

Policyholder's/Insured Person's Email Address

Do you have any other insurance covering the same loss? Yes No
If your answer is "Yes", please provide details below:

Insurance Company

Policy Number

Type of Policy and Coverage

Medical Expenses/Daily Hospital Cash/Death Claim

Type of Claim: Medical Expenses Daily Hospital Cash Death

Date of Illness/Accident

Where Illness/Accident Happened

Nature of Illness/Injury or Cause of Death

Expenses

Date	Nature of Expenditure	Paid/Payable To Whom (Name of Clinic/Hospital)	Amount (State Currency)	Date of Bill/Invoice

Documents Required For Medical Expenses/Daily Hospital Cash/Death Claim

To claim, please provide the following documents:

- Flight itinerary or boarding pass;
- Medical bill(s);
- Medical report or in-patient discharge summary;
- Death certificate;
- Letter of Administration/Probate.

Trip Cut Short/Trip Postponement/Trip Cancellation and Loss of Deposit Claim

Type of Claim: Trip Cut Short Trip Postponement Trip Cancellation and Loss of Deposit

Reason for Trip Cut Short/Trip Postponement/Trip Cancellation and Loss of Deposit

Date of event that Trip Cut Short/Trip Postponement/Trip Cancellation and Loss of Deposit

Name of Ill/Injured/Deceased Person and his or her relationship to you

Total Amount Paid	Amount of Deposit (if any)	Less Refund	Net Amount Loss

If "Nil" refund, please provide the reason

Documents Required For Trip Cut Short/Trip Cancellation and Loss of Deposit/Postponement Claim

To claim, please provide the following documents:

- Tour booking invoice;
- Travel agency or airline invoice confirming non-refundable prepaid travelling expenses;
- Written medical advice or medical certificate from your attending doctor confirming you were unfit for travel (in cases of illness or serious injury);
- Death certificate(s) of the Policyholder's or Insured Person's family member(s).

Travel Delay/Missed Connections/Trip Diversion Claim

	Planned Departure	Delay Departure
Flight Number		
Date and Time		
From		
To		
Number of hours the flight was delayed		
Name of Airline that you have lodged a claim against		
Reason for flight delay/missed conveyance		

Documents Required For Travel Delay/Missed Connections/Trip Diversion Claim

To claim, please provide the following documents:

- Flight itinerary or boarding pass or passport stamp showing the date of departure and return to Singapore;
- Airline or their handling agent's confirmation on the cause and length of the delay/missed connections/diversion.

Insolvency Protection Claim

Reason for Deposit Loss
Date of Deposit Loss
Amount of Loss

Documents Required For Insolvency Protection Claim

To claim, please provide the following documents:

- Tour booking invoice;
- Travel Agency or airline non-refundable prepaid travelling expenses; or
- Event company invoice confirming non-refundable expenses.

Baggage Delay Claim

Flight Number	
Date and Time	
From	To
Number of hours baggage was delayed	
Name of Airline that you have lodged a claim against	
Reason for baggage delay	

Documents Required For Baggage Delay Claim

To claim, please provide the following documents:

- Boarding pass;
- Acknowledgement slip for received baggage;
- Irregularity report from airline.

Loss or Damage of Baggage or Personal Belongings/Loss of Travel Documents and Money Claim

Type of Claim: <input type="checkbox"/> Loss or Damage of Baggage or Personal Belongings <input type="checkbox"/> Loss of Travel Documents and Money
Date and Time of Incident
Where Incident Happened
How Incident Happened

Description of Baggage or Personal Belongings Lost or Damaged

Item Description	Date Purchased	Amount Loss

Documents Required For Loss or Damage of Baggage or Personal Belongings/Loss of Travel Documents and Money Claim

To claim, please provide the following documents:

- Flight itinerary or boarding pass;
- Police report lodged overseas for the lost item(s);
- Invoice of lost item(s);
- Baggage damage report filed with relevant authorities or service providers;
- Confirmation letter from airlines or travel agent or operator of amount paid to compensate the damage/loss;
- Photographs of damaged item(s);
- Receipts issued from the consulate for the replacement/temporary passports.

Fraudulent Credit Card Use Claim

Date of Discovery

How You Found Out

Amount of Fraudulent Credit Charge

Documents Required For Fraudulent Credit Card Use Claim

To claim, please provide the following documents:

- Credit card statement;
- Police report;
- Bank report.

Personal Liability Claim

All communication that Policyholder/Insured Person received regarding the incident.
(Correspondence should be sent **immediately and unanswered** to FWD Singapore Pte. Ltd.)

Name of Third Party

Were you and/or Insured Person the cause of damage and/or injury to the Third Party? If "Yes", please let us know how the incident happened.

Did you make any payment to the Third Party for any damage and/or injury? If "Yes", please let us know the reason for your making payment.

Documents Required For Personal Liability Claim

To claim, please provide the following documents:

- Overseas police and/or incident report (Local/Overseas);
- Correspondence from the Third Party (including Letter of Demand and Court) (Local/Overseas).

Other Claims (such as Car Rental Excess Cover/Emergency Phone Charges/Pet Care/Sport Equipment Protector Claim)

Type of Claim: Car Rental Excess Cover Emergency Phone Charges Pet Care Sport Equipment Protector

Please provide us a brief on the incident that has resulted in your claim.

Documents Required For Other Claims

To claim, please provide the following documents:

- Police report lodged overseas;
- Rental vehicle excess receipt;
- Telephone bill;
- Itinerary and latest copy of boarding pass;
- Damage report filed with relevant authorities or service provider;
- Photographs of damaged item(s);
- Damaged/Lost item(s) invoice.

Mode of Payment

Once approved, your claim amount will be credited into your bank account. Kindly provide us with your bank account details.

Bank Transfer (Name of Bank)

Account Holder's Name

Account Number

(We will only credit into the Policyholder's/Insured Person's account)

If you prefer to receive a cheque, kindly let us know?

Payee Name

Cheque (Send to the official address stated in the policy)

Alternate address _____

Declaration, Authorisation and Data Privacy Consent

1. I authorise any person or organisation who has relevant information on this claim, including but not limited to any medical practitioner, health care provider, insurance company and investigative agencies, to release and exchange such information (including personal health information) requested by FWD Singapore Pte. Ltd. and/or its claims service providers.
2. I authorise FWD Singapore Pte. Ltd. and its claims service providers to collect, use, disclose and to exchange with the persons or organisations any information (including personal health information).
3. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.
4. I further give my consent for FWD Singapore Pte. Ltd. to use the personal data given in this claim form or otherwise obtained and disclose such data to FWD's authorised staff, associated individuals and/or companies or any independent third parties (within or outside Singapore) who will provide claims administrative, advice and/or information or claims services in relation to my claim. I understand and give consent for FWD Singapore Pte. Ltd. to use my personal data for audit, business analysis, reinsurance purposes and for the purposes set out in FWD's Privacy Policy which can be found at www.fwd.com.sg
5. My signature below will signify this consent.

Date

Signature of Policyholder/Insured Person