



Are you covered by other insurance policy(s) for this incident?  Yes  No

If “Yes”, please specify the name of insurer, policy number, amount recoverable and forward us documents from the insurers stating the amount recoverable  
Please indicate “NA” if you are not covered by other insurance policy(s) for this incident.

Name of Insurer : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Amount Recoverable : \_\_\_\_\_

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Have you ever had previous claims on the same illness, injury or a similar condition?  Yes  No

If “Yes”, please specify the name of insurer, date and amount claimed.  
Please indicate “NA” if there is no previous claim.

Please complete the claim section(s) that you are claiming for:

**Accidental death / Permanent disablement**

Supporting documents required

- Police report, death certificate, employment contract and employee’s basic annual pay slip for death claim
- Medical reports
- If the accident has resulted or likely to result in permanent disablement, please inform the attending doctor to complete the Attending Doctor’s statement (Section B) on Page 6 of the claim form

Cause of accident  
\_\_\_\_\_

Nature of injury  
\_\_\_\_\_

State the amount to be claimed  
\_\_\_\_\_

**Medical Expenses / Hospital Benefit / Fracture Benefit**

Supporting documents required

- Police report for traffic accident
- Original medical invoices and receipts
- Written diagnosis clearly indicated on the bills and endorsed by the medical institution for all medical bills which are less than S\$500
- For medical bills which are more than S\$500, please inform the attending doctor to complete the Attending doctor’s statement on Page 6 of the claim form
- If the accident has resulted in a fracture, please inform the attending doctor to complete the Attending doctor’s statement (Section C) on Page 6 of the claim form
- Medical reports

Cause of accident/sickness  
\_\_\_\_\_

Nature of injury/sickness  
\_\_\_\_\_

State the amount to be claimed  
\_\_\_\_\_

Date of consultation (dd/mm/yyyy)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Loss of Deposits / Cancellation and Curtailment</b>		
Supporting documents required		
Loss of Deposits (applicable before commencement of the journey) <ul style="list-style-type: none"> <li>If due to own injury or sickness, please submit a written advice from doctor (at the claimant's expense)</li> <li>If due to death/injury/sickness, death certificate or attending doctor's written advice is respectively required (at the claimant's expense)</li> <li>If due to other unforeseen circumstances, evidence is required</li> <li>Invoice for flight and accommodation that were paid in advance</li> <li>Written advice from tour operator that there is no refund to the policyholder or insured person</li> </ul>	Cancellation and Curtailment (applicable whilst on the journey) <ul style="list-style-type: none"> <li>If due to own injury or sickness, please submit a written advice from doctor (at the claimant's expense)</li> <li>If due to death/injury/sickness, death certificate or attending doctor's written advice is respectively required (at the claimant's expense)</li> <li>If due to other unforeseen circumstances, evidence is required</li> <li>Invoice of unused portion of travel and accommodation arrangement</li> <li>Invoice of travel and accommodation following curtailment</li> </ul>	
Reason/event which caused the loss of Deposits / cancellation and curtailment		
Planned departure date (dd/mm/yyyy) / /	Date of cancellation (dd/mm/yyyy) / /	
Amount paid by you	Amount recovered from other sources	Amount to be claimed

<b>Travel Delay/Baggage Delay/Missed Transport Connection</b>		
Supporting documents required		
<b>Travel Delay</b> <ul style="list-style-type: none"> <li>Carrier's confirmation stating the cause of the travel delay</li> <li>Carrier's confirmation or flight itinerary stating the date and time which the flight was originally scheduled to depart</li> <li>Carrier's confirmation or flight itinerary stating the date and time which the flight finally departed</li> </ul>	<b>Baggage Delay</b> <ul style="list-style-type: none"> <li>Baggage Irregularity Report</li> <li>Delivery Note/ Receipt stating the date and time which the baggage was delivered to the claimant.</li> <li>Carrier's confirmation or flight itinerary stating the date and time which the flight arrived in the country where the baggage delay occurred</li> </ul>	<b>Missed Transport Connection</b> <ul style="list-style-type: none"> <li>Flight itinerary of the original scheduled flights (incoming and outgoing flights)</li> <li>Carrier's confirmation or flight itinerary of the re-scheduled flight (outgoing)</li> <li>Documents stating the additional travel expenses incurred to arrive at the destination for the officially scheduled meeting or conference (if applicable)</li> </ul>
<b>Travel Delay/Missed Transport Connection</b>		
<b>Scheduled Departure Details</b>	<b>Final Departure Details</b>	
Flight no. :	Flight no. :	
Time of departure :	Time of departure :	
Date of departure : / / (dd/mm/yyyy)	Date of departure : / / (dd/mm/yyyy)	
Place of departure :	Place of departure :	
Name of Carrier :	Name of Carrier :	
<b>Baggage Delay</b>		
<b>Scheduled Departure Details</b>	<b>Receipt of Delayed Baggage</b>	
Flight no. :	Time of receipt :	
Time of arrival :	Date of receipt : / /	
Date of arrival : / / (dd/mm/yyyy)	Place of receipt :	
Place of arrival :		
Name of Carrier :		

**Baggage Loss/Damage/Loss of Money/Travel Documents**

Supporting documents required

- Police report lodged at place of loss within 72 hours of loss
- Property Irregularity report or similar report lodged for baggage which is damaged or lost by the airline or carrier
- **\*Notice of Complaint** (please refer to the sample below) to the airline within 7 days from the date which the Property Irregularity report or similar report was lodged
- Photographs of damaged baggage or damaged items in the baggage
- Original repair invoices for damaged items
- Original purchase receipts for loss/damaged items

State date/time/place of loss/damage

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Details of circumstances of loss/damage

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State the amount of compensation received/ to be received from the authorities.

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Description of items and amounts to be claimed:

Description of items (Model & Brand)	Date Purchased	Place of Purchase	Original Purchase Price	Amount Claimed
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

**\*Notice of Complaint** (sample)

To: (Airline)

Dear Sirs,

Flight no:

Date of flight:

Description of damage/loss:

We write to hold you responsible for the damage/loss of the above item.

Please let us know

- (1) whether you are accepting liability and
- (2) whether you want to survey the damage/loss

Yours faithfully,

\_\_\_\_\_  
c.c. : Zurich Insurance Company Ltd (Singapore Branch)

**Others**

In respect of any other claims, please provide details of the claim that you are submitting and provide all relevant supporting documents/proof of event/police reports (where applicable). If the space provide below is insufficient, please attach additional pages.

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**Part VI Declaration and Authorization**

- I / We hereby declare that all the information and particulars given above are true and complete to the best of my/our knowledge and belief and they are made without reservation of any kind.
- I / We hereby acknowledge, consent and agree that –
  - (i) the Company may collect, use and disclose all personal data provided or as may be provided by me/us and through other sources as the Company deem relevant from time to time for the purposes as contemplated in this form including but not limited to policy servicing, processing, handling, administering, claims investigations, claims analysis, fraud evaluation, prevention and control, and/or any work put towards settling my/our claim with the Company or other insurers;
  - (ii) the Company may disclose the personal data to third parties (whether in or outside Singapore) including but not limited to consultants, fraud detection agencies, the General Insurance Association and its members, regulators, law enforcement bodies and government agencies and/or authorities for the purposes as set out in this form;
  - (iii) the personal data protection clauses herein (“DPC”) are not exhaustive. By signing this form, I/we declare that I/we have read, understood and agreed to be bound by the prevailing Personal Data Protection Policy available at <http://www.zurich.com.sg/pdpa> (“Data Protection Policy”) which is to be read together with the DPC. If there is any discrepancy between the DPC and the Data Protection Policy, the DPC shall prevail only to the extent of the discrepancy;
  - (iv) if I / we provide third parties’ personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payees and/or employees) to the Company, I / we represent and warrant to the Company that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Policy; and
  - (v) I / We shall indemnify the Company for all losses and damages which may be suffered by the Company arising out of the breach of the declarations, representations and/or warranties herein.
- I / We hereby authorize physician, medical practitioners, hospital, clinics by whom or where I / we have been observed or treated to give full particulars about my/our health to the Company, including prior medical history.
- I / We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the Company.
- A photocopy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
**Signature of Claimant**

/ /

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Signature of Policyholder**

\_\_\_\_\_  
**Name/Designation**

\_\_\_\_\_  
**Company’s Stamp**

/ /

\_\_\_\_\_  
**Date**

### ATTENDING DOCTOR'S STATEMENT

This attending doctor's statement is to be completed only if the claimant is hospitalized or if the medical bills are more than S\$500, and shall be given to the Company at the claimant's expenses in accordance with the terms and conditions of the policy.

<b>Section A: To be completed by the attending doctor</b>	
Name of patient	NRIC/ Passport No.
Date of first consultation	Date of the diagnosis
Was the patient referred to you by a general practitioner? (If yes, please provide us the name/contact number/address)	
What is the cause of the sickness or injury?	
Has the patient ever had the same or similar sickness or injury? If "yes", how long has it existed prior to the date of first consultation?	
What are the symptoms experienced by the patient and how long have they lasted prior to the date of first consultation with you?	
Is there further treatment for the sickness or injury?	

<b>Section B (To be completed only if the injury has resulted or likely to result in disablement)</b>
Would the injury/sickness have prevented the patient to perform the duties of his own occupation?
How long will the patient be totally or partially disabled from engaging in or attending to usual business as the result solely of the injuries?
Please provide us the details of the circumstances, such as intoxication, physical defects or medical history which may have contributed to the accident/sickness and/or lengthen the period of disability.
Does the injury result in permanent disablement or permanent loss of use of any area? If so, please advise on the extent involved.

<b>Section C (To be completed only if there is a fracture)</b>
Is the fracture a *Simple Fracture or **Other Fracture?
_____
*Simple Fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Physician requires minimal and uncomplicated medical treatment.
**Other Fracture means any fracture other than a Simple Fracture

<b>I hereby certify that I have personally examined and treated the patient named above for the injury/sickness and that the facts as given above represent my opinion of his/her condition</b>	
Name : _____	Signature & Clinic/Hospital Stamp: _____
Professional Qualification : _____	Date : _____
Address : _____	

## **Notes on completion and submission of Travel Insurance Claim Form**

### **Claimant is to complete:**

Part II – Particulars of Claimant

Part III – Settlement claim monies payable to : tick either Policyholder (ie HCI) or Employee/Student (ie Claimant)

Part IV – Travel Information

Part IV – Declaration and Authorization – please sign at “Signature of Claimant”

### **Checklist : Supporting documents to be attached to Insurance Claim Form**

#### **For all Travel Claims submitted**

- **Completed claim form**
- **Boarding passes or passport copies (personal particular page and all pages showing the custom stamps) for the entire trip**
- **Copy of travel itinerary for the entire trip**

#### **Additional documents required:**

##### **Flight Delay or Missed Connection**

- Airline written confirmation stating reason(s) for delay and the length of delay
- Airline’s letter or any documents confirming date and time of re-scheduled flight
- Original invoices/receipt(s) for additional expenses for accommodation and travel (if applicable)
- Airline’s letter stating compensation (if applicable)

##### **Baggage Delay**

- Airline baggage tag
- Airline Property Irregularity Report stating date / time of delay
- Documents confirming date / time baggage was returned
- Airline’s letter stating compensation (if applicable)

##### **Loss of Money, Passport or Documents**

- Original copy of police report
- Original invoices / receipts for expenses incurred to replace lost documents
- Documents to substantiate claim quantum
- Loss of or Damage to Baggage or Personal Effects
- Original copy of police report
- Original property irregularity report from airline, airport authority or hotel confirming loss or damage
- Original airlines’ letter stating compensation for lost / damaged items
- Original invoice/receipt of damaged or lost items
- Photo of damaged item and repair quotation (if any)

- Repair invoice/receipt of damaged item with details of damage sustained and repair work done
- If item is replaced, copy of invoice / receipt of replacement item

#### Trip Cancellation or Trip Curtailment

- Certified true copy of death certificate and documents (e.g. birth certificate, marriage certificate) to prove relationship between Insured Person/Claimant and deceased
- Medical report and/or other documents to substantiate the reason for trip cancellation or trip curtailment
- Original invoices/receipts showing any pre-paid costs or deposits made and not refunded
- Original documentation/receipts indicating the additional travel and/or accommodation expenses incurred

#### Medical Expenses

- Original medical bills/receipts
- Original medical report or certification from the attending Physician stating diagnosis or reason for treatment
- For medical fee above \$500, an Attending Doctor's Statement (refer to 6 of the Claim Form is required)

#### Permanent Disablement / Accidental Death

- Original copy of police report and newspaper report, if available
- Original medical report

##### Additional documents for Accidental Death Claim:

- Certificate true copy of death certificate, coroner's report or autopsy report (if any)
- Certificate true copy of claimant's identification documents (such as identity card, passport, marriage or birth certificate) to prove relationship between Claimant and Insured Person
- Legal documents (such as certified true copy of Grant of Letters of Administration or Grant of Probate and Estate Duty Schedule) where and when required by law, must be submitted at the claimants' expense

#### Personal Liability

- Copy of police or accident report, if any
- Copy of letter of demand from third party and writ, if any

**Completed claim form and relevant supporting documents are to be submitted to Finance Department (Kong Chian Admin Centre)**