

CLAIM FORM - EQTRAVEL

Agency: _____ Policy No.: _____

PARTICULARS OF POLICYHOLDER

Name of Policyholder:	NRIC / FIN No:	Nationality:
Address:	Postal Code ()	
Contact Person:		
Email:	Contact No.:	(Office) (Mobile)

PARTICULARS OF CLAIMANT

Full Name (if different from the policyholder):	NRIC / FIN No:	Nationality:
Address:	Postal Code ()	
Email:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact No.:	Occupation:	

TRAVEL & LOSS DETAILS

CLAIM TYPE <i>(Please tick where appropriate)</i>			
<input type="checkbox"/> Flight Delay	<input type="checkbox"/> Medical Expenses	<input type="checkbox"/> Trip Cancellation	<input type="checkbox"/> Loss / Damage to Personal Effects / Baggage
<input type="checkbox"/> Baggage Delay	<input type="checkbox"/> Missed Connection	<input type="checkbox"/> Trip Curtailment	<input type="checkbox"/> Loss of Money / Travel Documents
<input type="checkbox"/> Trip Postponement	<input type="checkbox"/> Personal Liability	<input type="checkbox"/> Rental Vehicle Excess	
Others: _____		Date of Incident: _____	
<p>Please provide full details on the circumstances of the incident, loss or illness: <i>Note: If you are claiming for medical expenses incurred, the doctor's diagnosis and / or the cause or reason for seeking medical treatment is crucial information and must be stated below. These information, if missing, will cause delay to your claim.</i></p> <p>_____</p> <p>_____</p> <p>_____</p>			
Place where the incident, loss or illness occurred:			

PLEASE COMPLETE THE RELEVANT SECTION

PERSONAL ACCIDENT / MEDICAL EXPENSES

Name and address of your usual attending doctor:
Have you ever suffered a similar condition or a recurrence of a previous illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state: (i) date of the first consultation: _____
(ii) name of the attending doctor: _____

TRAVEL DELAY / DIVERSION / MISCONNECTION / OVERBOOKING

Original Flight or Transportation Details		
Date:	Time:	Place of Departure:
Flight No. / Transportation Details:		Name of Airline / Carrier:
Re-scheduled Flight or Transportation Details		
Date:	Time:	Place of Departure:
Flight No. / Transportation Details:		Name of Airline / Carrier:

BAGGAGE DELAY

Flight Details		
Arrival Date:	Arrival Time:	Place of Departure:
Name of Airline / Carrier:		Flight No.:
Collection of Delayed Baggage		
Date:	Time:	Place of Arrival:
Name of Airline / Carrier:		

LOSS / DAMAGE TO BAGGAGE / PERSONAL EFFECTS / MONEY / TRAVEL DOCUMENTS

Did you report the loss to the police, airlines, handling agents or others: Yes No

If yes, please specify to whom: _____ Date of reporting: _____

If the loss or damage occurred whilst the 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 specify and attach any correspondence and advise outcome of your claim against them.

If no, please state reason(s).

Details of Item(s) Lost or Damaged				
Item(s) lost or damaged (including make / model / serial no. etc.)	Place of Purchase	Date of Purchase	Original Purchase Price	Amount of Claim

DETAILS OF MONEY LOST

Amount (S\$)	Amount in Foreign Currency	Total Claim Amount

TRIP CANCELLATION / CURTAILMENT / POSTPONEMENT

When and where was your travel package / trip booked?		Intended Date of Departure:
Please state reason(s) for cancellation / curtailment / postponement of Trip / Travel:		Date of Cancellation / Curtailment / Postponement:
Amount paid by you:	Amount recovered / refunded to you	Total Claim Amount:
If trip cancellation / curtailment / postponement were caused by medical condition, have you suffered from this or any similar condition before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details, including date: _____		

RENTAL VEHICLE EXCESS

Date of Accident:	Location of Accident:	Excess Amount to be Claimed:
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HOME GUARD

Date of Fire:	Location of Fire:
Are you the sole owner of the Property lost or damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Claim Amount:

PERSONAL LIABILITY

Date of Accident:	Place of Accident:
Name & Addresses of all Witnesses of the Incident:	Name & Address of Person(s) who caused or who was / were responsible for this incident:
Name & Address of Third Party Claimant(s), if any:	Please advise the extent of damage to property or bodily injury:
Has any claim been made upon you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the amount claimed?	Was there a police report made? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when was it made?

THIS SECTION MUST BE COMPLETED

Have you claimed or do you intend to claim from any other insurer for this incident / loss? Yes No

If yes, please state:

Name of Insurer(s): _____ Policy Number(s): _____

Amount of compensation: _____

PAYMENT DETAILS

Cheque payee name (as shown in the bank account): _____

(A letter of Authorisation is required if payee is not the insured)

PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessarily for us to collect, use, disclose and / or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or processed by us, or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

1. carrying out identity checks;
2. deciding whether to insure or continue to insure you and your insured persons;
3. providing advice for product recommendation based on your profile;
4. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
5. communicating on any matters relating to the services and / or products which you are entitled to under this policy;
6. respond to your inquiries or instructions and providing ongoing services, under your policy;
7. make or obtain payments and recovering any debt owed to us;
8. detecting and preventing fraud, unlawful or improper activities;
9. conducting market research and statistical analysis;
10. coaching employees for customer service quality assurance;
11. reinsuring risks and for reinsurance administration; and
12. complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

1. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
2. Medical Professionals and Institutions;
3. Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
4. Debt collection agencies;
5. Dispute resolution parties;
6. Parties that assist us to investigate, administer and adjudicate claims;
7. Financial institutions;
8. Credit reference agencies;
9. Industry associations; and
10. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and / or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

DECLARATION AND AUTHORISATION BY INSURED (MUST BE COMPLETED)

I hereby declare that the information stated on this form is true and correct to the best of my knowledge and belief.

I hereby authorise any hospital, doctor, person(s) or organisation(s) who has / have attended to me for any reason, to disclose to EQ INSURANCE COMPANY LIMITED or its authorised representative, any and all information with respect to any illness or injury and to provide copies of all hospital or medical records / certifications, consultation, prescription or treatment, including earlier medical history. A photocopy of this authorisation shall be considered as effective and valid as the original.

Claimant's Signature / Date

Policyholder's Signature / Date
(Affix company stamp, if applicable)

DOCUMENT CHECKLIST

Please complete the claim form and submit with the following documents to facilitate the processing of your claim. We reserve our right to request for more documentary proof where necessary.

Documents required for **ALL types**:

- a. Completed claim form
- b. Proof of travel – Boarding passes / copies of immigration stamps on passport's pages

Documents required for **Accident Death / Permanent Disablement**:

- a. Death Certificate and Burial / Cremation Permit (in respect of death claim)
- b. Letter of Probate / Administration (in respect of death claim)
- c. Post Mortem Report (in respect of death claim)
- d. Medical Report from attending doctor abroad
- e. Local Police Report and findings on alleged accident

Documents required for **Medical Expenses**:

- a. All original medical invoices
- b. Medical Report / Memo from attending doctor
- c. Discharge Summary from hospital if applicable
- d. Referral Letter by general practitioner for specialist treatment

Documents required for **Trip Cancellation / Curtailment / Postponement**:

- a. A copy of flight itinerary indicating the original flight schedule
- b. Original tour fare booking invoice with prepaid amount
- c. Written confirmation of the refunded amount from travel agency / airline, if applicable
- d. Written confirmation from travel agency / airline with regard to change of flight details, if applicable
- e. Original receipts of additional administrative charges, if applicable
- f. Original invoices / receipts for charges incurred in amending or purchasing additional air-ticket, if applicable
- g. Medical Memo / Medical report / Death Certificate, if applicable
- h. Proof of relationship between You and Immediate Family, if applicable

Documents required for **Flight Misconnection / Diversion / Overbooking**:

- a. A copy of flight itinerary indicating the original flight schedule
- b. Original booking invoices with terms & conditions and payment details
- c. Written confirmation from airline / travel carrier stating reason and duration (hours) of the delay
- d. Written confirmation from airline / travel carrier confirming the overbooked flight and stating the next available transportation
- e. Original Receipts for additional accommodation and meal expenses if applicable (in respect of Misconnection)

Documents required for **Travel Delay / Baggage Delay**:

- a. A copy of flight itinerary indicating the original flight schedule
- b. Written confirmation from airline stating reason and duration (hours) of the delay and the next available flight (in respect of Travel Delay)
- c. Acknowledgement receipt from airline stating the date and time of the baggage delivery (in respect of Baggage Delay)

Documents required for **Item(s) Lost / Damaged**:

- a. A list of items lost with the information on brand, model, date of purchase and purchased price
- b. Original Purchase Receipt(s) / copy of warranty card for lost / damaged items
- c. Property Irregularity Report lodged at the airport if the item was in carrier's custody
- d. Local Police Report, if applicable (translated into English)
- e. Documents stating the amount of compensation from airline or other sources
- f. Photographs to show the extent of damage if applicable
- g. Original repair invoices / receipt, if applicable

Documents required for **Loss of Personal Money / Travel Documents**:

- a. Local Police Report if applicable (translated into English)
- b. Original Receipts for additional travel and accommodation expenses incurred (in respect of Loss of Travel Documents)
- c. Original Receipts for replacement of passport (in respect of Loss of Travel Documents)
- d. Document(s) issued from Consulate for temporary replacement of passport (in respect of Loss of Travel Documents)

Documents required for **Fraudulent Use of Lost Credit Card(s)**:

- a. Local Police Report, if applicable (translated into English)
- b. Loss Report issued by the issuing bank
- c. Statement issued by the issuing bank showing the record of unauthorised use of credit card (including the date and time of use)

Documents required for **Rental Vehicle Excess**:

- a. A copy of rental agreement
- b. Documentary evidence on the excess or deductible paid
- c. Police Report made in the foreign country where the accident occurred
- d. A copy of the driver's driving licence at the time of accident
- e. Photographs showing the damages on the rental vehicle

Documents required for **Emergency Handphone Charges**:

- a. Original phone bills showing the actual charges incurred for the use of your personal mobile phone whilst overseas to engage the services of our Appointed Assistance Company during a medical emergency.

Documents required for **Home Guard**:

- a. Singapore Police Report / SCDF Report where appropriate
- b. Original Purchase Receipt(s) / copy of warranty card for lost / damaged items or provide a list of items lost with the information on brand, model, date of purchase and purchased price
- c. Photographs of damaged item
- d. Quotation for repair / replacement for the lost / damaged item