

# Personal Travel Claim Form

QBE Insurance (Singapore) Pte Ltd



## IMPORTANT

The acceptance of this Form is NOT an admission of liability on the part of the Company. Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

Required documents – For annual plans, please provide a copy of the passport showing duration of trip. We reserve the rights to request for additional information. To ensure that there is no delay of your claim, please return the claim form duly completed with supporting documents.

Name of Policyholder		Insurance Policy No.	
Name of Claimant (If different from the above)			
Address		Occupation	
		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Purpose of Trip <input type="checkbox"/> Business <input type="checkbox"/> Vacation	
Telephone No.	HP No.	Email	
Country which you travelled to			
Place where incident, loss or illness occurred		Date	Time
Are there any other Policies of Insurance in force covering you in respect of this event? If "Yes", please specify			<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of the incident, loss or illness

## A. Personal Accident/Illness – Medical And Additional Expenses

Please Attach Original Medical Receipts And Copy Of Discharge Summary Or Available Medical Report

1. i) Have you suffered from this illness or injury previously?  Yes  No  
If "Yes", please specify

ii) Is the illness or injury you have suffered or are suffering from a recurrence of a previous illness or injury? If "Yes", please specify  Yes  No

2. State amount claimed SGD

3. Name and address of your usual attending doctor

4. Were you on medication/medical treatment for this sickness during the 180 days preceding the trip?  Yes  No

## B. Baggage & Personal Effects

Please furnish Police Report and original purchase receipts, baggage irregularity report and other supporting documents.

Location of police station, name of airline/carrier or other authorities where report is lodged.

Give details of amount claimed (If insufficient space, please provide details in separate sheets)

Item	Description	When and Where purchase	Original purchase price (SGD)	Depreciation for wear & tear	Amount claimed (SGD)

**C. Baggage Delay**

Please attach Boarding Pass, Baggage Irregularity, Baggage acknowledgement slip and any other correspondence from the Airlines

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

**D. Cancellation/Curtailment/Postponement**

Please attach documents from carrier/travel agent and any relevant document to support your claim

When and where was the trip booked?		Intended Departure Date	
		Date of Cancellation	
Why was the trip cancelled/curtailed?			
Amount paid to you SGD	Amount recovered from other sources SGD	Amount claimed SGD	

**E. Flight Delay/Misconnection**

Please attach Letter from Airlines/Carrier stating the reason and duration of delay

Original Flight Details		Delayed Flight Details	
Date	Time	Date	Time
Place of Departure		Place of Departure	
Flight No.		Flight No.	
Name of Airline		Name of Airline	

**F. Others**

(Hijack, Overbooked Flight, Personal Liability, Loss Of Hotel Facilities, Home Protection, Alternative Employees Expenses, Terrorism)

In respect of any other claim which does not fall within the sections stated above, please provide details of the claim you are submitting. If the space below is insufficient for such details, please attach another page.

I declare that to the best of my knowledge and belief that the above particulars are true and accurate. If I made or shall make any false or fraudulent statements, or withhold material facts whatsoever in respect of this claim, the Policy shall be void and I shall forfeit all rights to recover therein.

I authorise any hospital doctor, other person who has attended or examined me, to furnish to the Company, and/or its authorised representatives, with any and all information relating to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.

Name of Policy Holder	Signature/Company Stamp (If applicable)	Date
Name of Claimant	Signature	Date

**Supplementary Consent Clauses**

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of :

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products which you are entitled to under this policy which you are applying for or have applied; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or
- i) complying with applicable law in administering and managing your relationship with QBE.

(collectively the "Purposes")

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers / law firms), which may be sited outside of Singapore, for one or more of the above Purposes, as such third party service providers or agents, if engaged by QBE, would be processing your personal data for QBE for one or more of the above Purposes.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the Purposes as described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers / law firms), for the Purposes as described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the Purposes as described above.

I have read and agree to the above.

Name	Signature
NRIC No.	
Date	