

EQ TRAVEL CLAIM FORM

Agency _____

Policy No _____

Please note:

- Sections 1, 2 and 12 must be completed.
- Sections 3 to 11 – complete only the relevant sections.
- The acceptance of this form is NOT an admission of liability on the part of EQ Insurance Company Limited.

Documents required for ALL types of claims:

- Original Certificate of Insurance.
- Tour Operator's final booking invoices, Airline ticket counterfoil(s) / Boarding Pass(es).
- Copy of your actual itinerary of Trip.
- Copy of your insurance policy (if applicable).

SECTION 1 - PARTICULARS OF INSURED (must be completed)	
Name of Insured	
Address	
Telephone No. (Office and Mobile)	
Email	
NRIC / Passport No.	
Sex (Male / Female)	
Date of Birth	
Occupation	
Are you GST registered at the commencement of the insurance? Yes / No	
Name of Insured Person	

SECTION 2 – DETAILS OF INCIDENT/ LOSS/ ILLNESS (must be completed)	
Please advise to whom the settlement monies shall be paid (Insured / Insured Person)	
Please provide full details of the incident, loss or illness	
Place where the incident, loss or illness occurred	
Do you have other policies covering you in respect of this incident? If yes, please provide details (name of insurance company, policy number and type of policy)	

SECTION 3 – DETAILS OF MEDICAL/ EVACUATION/ AND OTHER RELATED EXPENSES
(Please tick the relevant box)

MEDICAL, DENTAL & OTHER EXPENSES	<input type="checkbox"/>	HOSPITAL ALLOWANCE	<input type="checkbox"/>
EMERGENCY MEDICAL EAVACUATION	<input type="checkbox"/>	REPATRIATION EXPENSES	<input type="checkbox"/>
COMPASSIONATE VISIT BY RELATIVE/ FRIEND	<input type="checkbox"/>	CHILD HELP/ Others	<input type="checkbox"/>
Date of accident or onset of illness			
Have you ever suffered a similar condition or a recurrence of a previous illness or injury? If yes, please specify			
Name and address of your usual attending doctor			
Number of days of hospital stay			
Amount of Claim			
<p>Documents required:</p> <ul style="list-style-type: none"> • Medical report advising nature and cause of injury / sickness (at the insured's expense) • Original medical bills of the full amount of the claim • If hospital allowance benefit is being claimed, please submit a letter from the hospital confirming the admission date and date of discharge • Death certificate and Burial / Cremation permit (if death occurs) • Original bills incurred for accommodation and transportation (for Compassionate Visit and Child Help claims) 			

SECTION 4 – DETAILS OF TRAVEL DELAY/ MISSED FLIGHT CONNECTION/ OVERBOOKED SCHEDULED PUBLIC CONVEYANCE/ HIJACKING (Please tick the relevant box)

TRAVEL DELAY	<input type="checkbox"/>	OVERBOOKED SCHEDULED PUBLIC CONVEYANCE	<input type="checkbox"/>
MISSED FLIGHT CONNECTION	<input type="checkbox"/>	HIJACKING	<input type="checkbox"/>
Original Flight or Transportation Details		Re-Scheduled Flight or Transportation Details	
Date		Date	
Time		Time	
Place of Departure		Place of Departure	
Flight No./ Transportation Details		Flight No./ Transportation Details	
Name of Airline/ Carrier		Name of Airline/ Carrier	
<p>Documents required:</p> <ul style="list-style-type: none"> • Written confirmation from operator(s) of the scheduled public conveyance stating reason for the delay and the duration of delay (number of hours) • Original receipts for meals, accommodation or refreshment expenses incurred if not provided for or compensated by the airline or carrier or other third party (for Missed Flight Connection and Overbooked Scheduled Public Conveyance Claim) 			

SECTION 5 – DETAILS OF DELAYED BAGGAGE

Flight Details	Collection of delayed baggage
Arrival Date	Arrival Date
Arrival Time	Arrival Time
Departure/ Arrival	Departure/ Arrival
Flight No.	Flight No.
Name of Airline/ Carrier	Name of Airline/ Carrier
Documents required: <ul style="list-style-type: none"> Letter from Airline confirming reason for delay and duration of delay (number of hours) Baggage delivery docket/ acknowledgement slip or baggage irregularity report 	

SECTION 6 – Please tick the relevant box

BAGGAGE & PERSONAL EFFECTS <input type="checkbox"/>	PERSONAL MONEY & TRAVEL DOCUMENTS <input type="checkbox"/>
Date of Loss	
Did you report the loss to the police, airlines, handling agents or others (please specify)?	
If the loss has been reported, state the 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? <input type="checkbox"/> If yes, please specify and attach any correspondence and advise outcome of your claim against them. <input type="checkbox"/> 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	Purchase Price	Amount of Claim

Details of Money Lost

Amount (\$\$)	Amount in Foreign Currency	Amount in Traveller's Cheques	Total Amount of Claim

Documents required:

- Original purchase receipt or copy of warranty card of lost/ damaged item
- Photograph of damaged baggage/ item
- Property Irregularity Report (if baggage was lost or damaged by an airline or carrier)
- Police Report (translated into English)
- Original receipts for replacement of lost items
- Documents stating the amount of compensation from airlines or other sources

SECTION 7 – LOSS OF DEPOSIT/ CURTAILMENT (Please tick the relevant box)

LOSS OF DEPOSIT OR CANCELLATION <input type="checkbox"/>	CURTAILMENT <input type="checkbox"/>
When and where was your travel package being booked?	
Intended departure date	
Date of cancellation/ curtailment	
Please state reason(s) for cancellation or curtailment of Trip/ Travel	
Amount paid by your	
Amount recovered/ refunded to you	
Amount of Claim	

Loss of Deposit or Cancellation:

- If due to own injury/ illness, please submit a written advice from doctor (at the insured's expense).
- If due to next-of-kin's death/ injury/ illness, death certificate or attending doctor's written advice respectively is required (at the insured's expense).
- Document(s) confirming relationship if cancellation was due to next-of-kin's death/ injury/ illness.
- Original cancellation invoice from tour operator stating the amount of refund. If there is no refund, please provide us with the original air tickets for record.
- Documents confirming travel agent's bankruptcy/ insolvency (if applicable).

Curtailment:

- Original letter from tour operator stating the amount of refund.
- If due to own/ injury/ illness or that of travelling companion, please submit written advice or certificate from the overseas attending doctor confirming their advice for you or your travelling companion's return to Singapore.
- If due to next-of-kin's death/ injury/ illness, death certificate or doctor's written advice respectively is required (at the insured's expense)
- Document(s) confirming relationship if curtailment was due to next-of-kin's death/ injury/ illness.

SECTION 8 – DETAILS OF PERSONAL ACCIDENT/ PERMANENT TOTAL DISABLEMENT

Date & Place of Accident	
Cause of Accident & Nature of Injury	
Name of Attending Doctor	
Address of Registered Medical Institution that you were admitted to	
Have you ever suffered a similar condition or a recurrence of a previous illness or injury? If yes, please specify	

Documents required:

- Death Certificate and Burial/ Cremation Permit (in respect of death claim)
- Letter of Probate or Letter of Administration (in respect of death claim)
- Medical report (for permanent disablement or loss of limb(s) or sight)
- Police report (for any transport related accident case)

SECTION 9 – PERSONAL LIABILITY

Date & Place of Accident

Names & 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? If yes, what is the amount claimed?

Was there a police report made? If so, when was it made?

Documents required:

- Copy of third party's claim/ demand letter
- Photographs of damage
- Repair quotation (if any)
- Police report (if available)

SECTION 10 – RENTAL VEHICLE EXCESS

Date of Accident

Location of Accident

Excess Amount to be claimed

Documents required:

- Copy of the rental agreement and repair invoice
- Documentary evidence of the amount if excess or deductible paid
- Copy of the Police Report made in the country where the accident occurred
- Copy of the Motor Insurance Policy for this rental vehicle
- Photograph of damage

SECTION 11 – HOME GUARD

Date of Fire

Location of Fire

Are you the sole owner of the Property lost or damaged?

What is the amount to be claimed?



Documents required:

- Copy of the Police Report
- Original purchase receipt(s) of lost/ damaged items (if available), or merchant's price list of identical items lost/ damaged
- Photograph(s) of damaged items (if available)
- Quotation for repair/ replacement

SECTION 12 – 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.

Signature of Insured
(Please endorse with company stamp, if applicable)

NRIC/ Passport No.

Name of Insured

Date