

TRAVEL CLAIM FORM

Important Notice :

1. The Overseas Assurance Corporation Limited ("the Company") does not admit liability by the mere issuance of this or any other forms.
2. Medical Reports must be furnished at claimant's expense.
3. The claim form is to be completed and signed by the Insured Person's parent / legal guardian if the Insured Person is below 21 years of age and/or the Insured Person's next-of-kin in the event of a death claim.

Policy No. : _____

GENERAL SECTION (To be completed for all claims)

A. DETAILS OF INSURED (As in NRIC/Passport)

Name : _____ Gender : Male / Female
NRIC No. : _____ Date of Birth : _____ Occupation : _____
Address : _____ Postal Code ()
Contact No. : _____ E-Mail Address : _____

B. DETAILS OF INSURED PERSON (If different from Part A)

Name : _____ Gender : Male / Female
NRIC No. : _____ Date of Birth : _____ Occupation : _____
Address : _____ Postal Code ()
Contact No. : _____ E-Mail Address : _____

C. TRIP DETAILS

Travel Agency : _____ Date of Booking : _____
Destination (s) : _____
Period of Travel : From _____ to _____

D. OTHER INSURANCES

Are there any other insurance policies covering you in respect of this incident? If yes, please declare details :-

Name of Insurer	Policy No.	Claim Notified	Claim Amount

A. MEDICAL REIMBURSEMENT & HOSPITAL CASH

1. Date of accident / onset of illness : _____
2. Date of first consultation with doctor : _____
3. Cause of accident / Nature of illness : _____
4. Country and city where accident / sickness occurred : _____
5. Period of Hospitalisation (If applicable) : From _____ to _____
6. Has claimant suffered from the same condition before? ☐ No ☐ Yes, please provide details : _____
7. Name and address of your usual Doctor : _____

B. TRIP CANCELLATION / POSTPONEMENT

1. Date of Event leading to the cancellation or postponement : _____
2. Date of cancellation or postponement : _____
3. Reason for cancellation or postponement : _____
4. Name of person injured or sick : _____
5. Relationship to claimant : _____
6. If caused by illness, has person injured or sick suffered from this before? If yes, please give details : _____
7. Amount paid _____
8. Amount recovered _____
9. Amount claiming _____

C. TRIP CURTAILMENT / INTERRUPTION

1. Date of Event leading to the curtailment or interruption : _____
2. Reason for curtailment or interruption : _____
3. Intended Departure Date : _____
4. Actual Departure Date : _____
5. Name of person injured or sick : _____
6. Relationship to claimant : _____
7. If caused by illness, has person injured or sick suffered from this before? If yes, please give details : _____

8. Amount paid _____
9. Amount recovered _____
10. Amount claiming _____

D. TRAVEL DELAY / OVERBOOKED FLIGHT / MISSED CONNECTIONS

1. Country and city where the delay had occurred : _____
2. Reason(s) for delay : _____
3. Conveyance Details : _____

Scheduled Conveyance Details	Actual Conveyance Details
Flight No :	Flight No :
Name of Airline :	Name of Airline :
Date of departure :	Date of departure :
Place of departure :	Place of departure :
Time of departure :	Time of departure :
Time of arrival :	Time of arrival :

4. For overbooked flight or missed connections, please indicate :
Amount Claiming : _____ Compensation amount by airline (If any) : _____

E. BAGGAGE / PERSONAL EFFECTS / MONEY / TRAVEL DOCUMENTS

1. Date, time and place of loss or damage : _____
2. Detailed description of how the loss / damage is discovered : _____

3. Name & Address of Police Station, Airline or other Authorities where loss was reported : _____

4. Compensation amount by airline (If any) : _____
5. Description of items and amounts claimed :

Details of items lost or damaged (Make & Model)	Place Bought	Purchase Date	Purchase Price (S\$)	Amount Claimed

Amount in Singapore Currency Notes	Amount in Foreign Currency Notes	Amount in Travellers cheques	Total Amount Claimed

F. BAGGAGE DELAY

1. Baggage(s) Delay Details :

Conveyance Details	Receipt of Delayed Baggage
Flight No :	Date of receipt :
Name of Airline :	Time of receipt :
Date of arrival :	Place of receipt :
Place of arrival :	Number of Baggage(s) received :
Time of arrival :	
Number of Baggage(s) Delayed :	

G. PERSONAL LIABILITY

1. Date of occurrence : _____ 2. Place of occurrence : _____
3. Detailed description of incident : _____

4. Name and address of third party : _____

5. Name and address of witness : _____

6. The nature of personal injuries or extent of property damage : _____

7. Has any claim been made against you? ☐ No ☐ Yes, please provide details : _____

H. RENTAL VEHICLE EXCESS

1. Date of occurrence : _____ 2. Place of occurrence : _____
3. Detailed description of incident : _____

4. Amount Claiming : _____

DECLARATION AND AUTHORISATION

I/We hereby declare that the particulars stated above are true and correct in every detail and I/we agree that if I/we have made or in any further declaration in respect of the same claim shall make any false or fraudulent statements or suppress conceal or falsely state any material fact whatsoever the relevant insurance policies shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

Without prejudice to the consent given below in respect of my/our personal data, I/we hereby authorise any hospital physician, other person who has attended or examined me/us, to furnish to the Company, or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A copy of this authorisation shall be considered as effective and valid as the original.

PERSONAL DATA

In addition to the declaration and authorisation provided above, I/we agree and consent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate, admit, process and/or administer my/our claims.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greateasternlife.com/sg/en/pncpolicies.htm> and which I/we confirm I/we have read and understood.

Signature of Insured Person

Date

Name of Insured Person

Note : Completed claim form should be submitted together with supporting documents for our consideration. Please refer to page 4 for a complete list of the supporting documents for each type of benefit.

DOCUMENTS REQUIRED FOR EACH BENEFIT CLAIMED

All Claims	Original Completed Claim Form / Proof of Travel : Original Boarding Pass, Air Ticket or Copy of Passport
Medical Expenses	Original Final Bills / Receipts / Doctor's Statement (If available)
Hospital Cash	Copy of Final Hospital Bills
Trip Cancellation / Postponement / Curtailment / Interruption	Tour Itinerary / Original Proof of Payment / Proof of deposit forfeited or Additional fess incurred e.g. Travel Agent's Letter / Proof of Relationship / Doctor's Statement (for serious injury/illness) / Death Certificate (where someone's death caused cancellation)
Travel Delay / Overbooked Flight / Missed Connection	Flight Itinerary / Boarding Pass / Letter from Airline on reason and duration of delay
Baggage Delay	Baggage Delay Report from Airline
Loss or Damage of Baggage / Personal Effects	Police Report at Place of Loss / Property Irregularity Report / Letter (confirmation of loss and stating compensation amount) from Airline or Other Sources / Receipts of Items / Guarantee Cards / Photographs of Damaged Items / Repair Invoices
Loss of Money	Police Report at Place of Loss
Loss of Travel Documents	Police Report at Place of Loss / Original Receipts / Invoices
Personal Liability	All correspondences / Writs / Police Report at Place of Loss
Rental Vehicle Excess	Police Report at Place of Loss / Rental Agreement / Receipt from Rental Company