

TRAVEL CLAIM FORM

All questions must be fully answered. By furnishing this Form the company makes no Admission of Liability or Waiver of its Rights.

GENERAL INFORMATION

Full Policy Number: _____ Claim Number: _____

Insured Person's Full Name: _____

Home Address: _____

Date of Birth: _____ Sex: _____ Tel: _____

Occupation: _____

Are there any other policies of insurance in force covering you in respect of this event? If so, please give details.

Exact place where incident, loss or illness occurred: _____

Date: _____ Time: _____ a.m./p.m.

Description of the incident, loss or illness: _____

Name and addresses of any witnesses: _____

DOCUMENTS REQUIRED:

Original Certificate of Insurance, Tour Operator's Confirmation of Booking Invoice, Airline Tickets / Boarding Pass.

PERSONAL ACCIDENT/MEDICAL EXPENSES

State nature of illness/injury: _____

Have you ever suffered this or a similar condition or a recurrence of previous illness or injury? If you, give full details: _____

State amount recovered or recoverable from fund and/or Medical _____ RM/S

State net amount claimed. _____ RM/S

Give name and address of your usual attending Physician: _____

DOCUMENTS REQUIRED

Medical report showing nature of injury/sickness Medical bills for the full amount of the claim.
In the event of death, Death Certificate Post Mortem Report
 Receipt/tickets for amounts claimed for additional travel accommodation.

CANCELLATION / LOSS OF DEPOSIT / CURTAILMENT / DELAY

1. When was holiday booked? _____