Travel Insurance
Claim Form

IMPORTANT NOTE: Please answer all questions contained in this claim form as leaving items blank, using ticks, dashes and N/A may make it necessary for us to return your claim forms or lead us to ask more questions thus delaying the processing of your claim.

To enable us to process your claim, please return the duly completed claim form with supporting documents as listed in the subsequent section. We reserve the right to request for additional information.

Please mail the claim form and all correspondence to:

Travel Guard Claims Department
AIG Asia Pacific Singapore Insurance Pte. Ltd.
AIG Building, 78 Shenton Way, #09-16, Singapore 079120
Tel: 6224 3698 Email: sgtravelclaims@aig.com

The acceptance of this Form is NOT an admission of liability on the part of AIG Asia Pacific Insurance Pte. Ltd. ("the Company"). Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

"Please note that information you provide in this claim form will be used for the purposes of claims administration as outlined in this form and will not be used to update any of your existing records that our organization holds. If you wish for us to update any of your information in our records, please contact our customer service representatives at 6419 3000, Mondays to Fridays, between 9am and 5pm. Alternatively, you may send us an email via www.aig.sg/customer-online.

General Information

Policyholder :	Claimant (if it differs from the policyholder):	Insurance Policy No:
Address :	Payee's name (if it differs from the policyholder or claimant, please enclose authorisation letter & proof of relationship)	Nationality: FIN/ NRIC/ Passport Number/ Social Security Number:
Occupation:	Date of Birth:	Sex : Male ☐ Female ☐
Telephone No.	Mobile No.	Email Address:
Travel companion(s) is/are insured : Yes ☐ No ☐ With AIG? If yes, please provide insured name and policy number.		
GST Registered : Yes ☐ No ☐	Registration No.	Purpose of Trip: Business ☐ Vacation ☐
Place where accident, loss or illness occurred:		
Date of booking of trip:	Departure date:	Return date:
Provide a detailed description of the incident, loss, accident or illness (continue on a separate sheet if necessary):		
Do you have any other insurance policies that may provide coverage for you for this event? Yes ☐ No ☐		
Have you made a claim for this loss to any other insurer? Yes ☐ No ☐		
If yes, please provide the claim reference number:	Insurer name:	
Policy Number:	Insurer Address:	
Contact number:		
Have you made any previous claims on a travel insurance policy or other policy? Yes ☐ No ☐ If yes, please provide the details :		
Was a credit card used to purchase some or all of your journey arrangement? Yes ☐ No ☐ If yes, please provide i) First six digits credit card used_____ ii) Amount settled by the credit card _____		
Was Travel Guard (Emergency Assistance Hotline) contacted? Yes ☐ No ☐ If yes, please specify case reference number: In the event of hospitalisation or emergency transportation services, or in the event of any need to return to Singapore early, you are requested to contact Travel Guard	If no, please explain the reason for not contacting Travel Guard :	

Payment Details

Electronic Funds Transfer is currently available for payees who hold valid Singapore NRIC and a Singapore DBS/POSB bank account.
Payment of claims to all other bank accounts will be made by cheque in SGD.

Payee Name (as per bank account): _____ Payee NRIC: _____

Bank Account No:: _____ Bank Name (DBS/POSB Only): _____

Email Address (if different from General Information section) : _____

Notification of payment will be sent to this email address.

Important Notice:
The Company shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by you, as a result of you providing The Company with an inaccurate bank account number under this section for the payment of this claim.

Declaration

I, HEREBY DECLARE that to the best of my knowledge and belief, the above particulars as declared by me above are true and complete in every respect and are made without reservation of any kind.

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, 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 copy of this authorization shall be considered as effective and valid as the original.

In relation to the personal information collected in this claim form, I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG Asia Pacific Insurance Pte. Ltd. ("**AIG**") and/or its service provider, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG and/or its service provider, as set out in the contents of the consent clause below and the individual agrees and consents, that AIG and/or its service provider may collect, use and process my/his/her personal information as follows:

(a) the personal information collected in this form (or otherwise provided during the course of the claim process, including by way of call recordings) may be collected, used and disclosed by AIG to:
- (i) process and administer this insurance claim;
- (ii) assess, investigate, adjust and make a decision on this claim;
- (iii) administer my insurance policy (including pursuing recovery from reinsurers or other parties);
- (iv) deal with disputes and complaints,
- (v) respond to requests for information from public and governmental/ regulatory authorities, statutory boards and for audit, compliance, investigation and inspection purposes;
- (vi) respond to requests from the policyholder;
- (vii) carry out due diligence or other screening activities (including background check(s)) 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 AIG;
- (viii) compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
- (ix) manage AIG's infrastructure and business operations; and
- (x) for other purposes stated in AIG's Data Privacy Policy.

(b) AIG may transfer the personal information to the following classes of persons (whether located in Singapore or elsewhere) for the purposes identified in (a) above:
- (i) third parties providing services related to the administration of my policy (including reinsurers) and processing of my claim;
- (ii) AIG's agents;
- (iii) brokers, my authorised agents or representatives or next-of-kin;
- (iv) the policyholder;
- (v) legal process participants and their advisors;
- (vi) governmental/regulatory authorities, industry associations, courts, other alternative dispute resolution forums;
- (vii) other financial institutions for the purpose of administering this claim, obtaining policy payments;
- (viii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers, external auditors;
- (ix) another member of the AIG group (for all of the purposes stated in (a)) in any country; or
- (x) other parties referred to in AIG's Data Privacy Policy for the purposes stated therein.

Note: The full version of AIG's Data Privacy Policy can be found at http://www.aig.sg/sg-privacy_1030_237853.html

_____ _____

Date **Signature (Claimant)**

_____ _____

Date **Signature (Policyholder)**

Particulars of Agent

_____ _____ _____

Name **Mobile No** **Email Address**

Document Checklist :

Please complete all sections of the travel claim form and submit with the following relevant documents to facilitate the processing of your application. Please note that we reserve our right to request for any other supporting documents, which we deem necessary.

For All Type of Claims :

- Copy of passport/travel documents showing your booking dates, departure dates and return dates to enable us to validate your trip and policy entitlements.

For Medical Expenses and Additional Expenses :

- Original medical bills and receipts, please number the receipts and put the number in the column headed Receipt No. when completing the claim form.
- Medical Report/Inpatient Discharge Summary detailing the diagnosis and treatment received
- Original bills and receipts for amount claimed for additional travelling and accommodation expenses. Additional accommodation and travel should have been pre-approved by Travel Guard (Emergency Assistance Hotline) before costs were incurred. If you have not had pre-authorisation for these costs then you must submit an explanation as to why.
- Original phone bills (for Emergency Telephone Charges benefit only)

For Personal Accident Benefits : (where applicable)

- Death Certificate
- Medical Specialist Report on sustained Permanent Disability
- Autopsy and Toxicology Report
- Police report and findings on the alleged accident
- Photograph of insured (in amputation cases)
- Copy of grant of probate/letters of administration
- Child's birth certificate (for Child Education Grant Benefit)

For Reimbursement of Cancellation / Postponement / Curtailment :

- Accommodation and excursion booking invoices showing your booking dates, departure dates and return dates and amount paid to enable us to validate your trip and policy entitlements.
- Cancellation invoices for each portion of your trip / holiday. For example flights, accommodation and excursions. These cancellation invoices should show the portion of the trip / holiday cancelled or not used and detailing the amount you have been charged for canceling or confirming no refund has been provided. Your trip booking agent / travel agent may be in a position to provide you with these cancellation invoices for insurance purposes.
- The attached medical certificate completed by the registered General Practitioner/Specialist of the person whose medical condition has given rise to this claim. Please note the cost of completing this document is not covered by your insurance (for cancellation/postponement/curtailment on medical grounds, including death)
- Copy of the death certificate (for cancellation / postponement / curtailment due to death).
- Copy of grant of probate/letters of administration (if the deceased was an insured person).
- Proof of relationship to Insured.
- Original booking invoice, proof of deposit and documents showing proof of insolvency of tour agent in Singapore (for cancellation due to insolvency)
- Receipt of proof of unused entertainment ticket / redeemed Frequent Flyer points (for Disruption benefits)

Note: If you cancel, curtail or postpone your trip for a reason other than those detailed in the point above, please forward independent written evidence of the incident or circumstances that have resulted in the submission of your claim.

For Loss / Theft of Money :

- A police report, tour operators / hotel / representative report, crime reference number filed within 24 hours of occurrence.
- If your cards were lost or stolen, please provide written confirmation from your card issuer showing the date you advised them of the loss or theft (for Fraudulent Credit Card Usage benefit).
- Bank letter to policyholder advising outcome of their investigation on disputed transactions

For Loss of Passport and Travel Documents :

- Receipts for travel, accommodation expenses incurred in obtaining a replacement passport or travel document.
- Receipts issued from the consulate for the replacement/temporary passports.

For Loss / Theft / Damage of Personal Effects:

- A police report, tour operators / hotel / representative report, crime reference number filed within 24 hours of occurrence.
- If the claim is for property lost, stolen or damaged whilst in the custody of a carrier please send used travel tickets and/or baggage tags, airline Property Irregularity Report (PIR) and any correspondence from the customer services unit of the airline acknowledging the loss or offering reimbursement.
- Proof of ownership/purchase in the form of original receipts for all the items claimed. In the absence of receipts, instruction manuals, packaging, bank statements or photographs will be considered.
- Written confirmation stating the item/s cannot be economically repaired or repair estimate from a reputable retailer alternatively you can send the damaged items to us at your own cost for our inspection.

For Travel Delay/ Travel Misconnection / Flight Diversion / Flight Overbooking :

- Written confirmation from the airline or transport carrier of the cause of event and length of the delay you experienced
- Air ticket, transport and boarding pass

For Baggage Claims:

- The airline Property Irregularity Report (PIR) together with acknowledgement receipt on date and time baggage received.
- Air ticket or boarding pass(es) and acknowledgement receipt on date and time baggage received.

Note: If an airline was in possession of your baggage when the loss occurred, please ensure that you contact them directly to report the incident.

For Personal Liability Abroad :

- Witness or third party details involved in the incident
- Details of any solicitor you have instructed (please note we are able to provide legal representation on your behalf)
- All correspondence received from any 3rd party or their representatives.

Travel Insurance
Claim Form

Medical

Personal Accident / Illness – Medical and Additional Expenses

1. Date & time the illness / injury occurred: MM DD YYYY :	2. Place where the illness / injury occurred:
3. Date of hospital admission : MM DD YYYY	4. Date of discharge : MM DD YYYY
5. Please provide full description of your illness / injury. If injury, please advise how it happened including precise details of the location, the time and any circumstances or causes that led to the incident or accident (eg, inoperative lighting, wet floor):	
6. If your medical claim was a result of an injury, was a third party involved? Yes ☐ No ☐	6.1 If yes, please provide the third party's name, address, contact number and details of their insurer/solicitor:
7. Date of onset of symptoms : MM DD YYYY	7.1 Diagnosis:
7.2 Have you suffered from the same illness before? Yes ☐ No ☐	7.3 If yes, please provide details :
8. Name of the Hospital / Clinic :	8.1 Hospital / Clinic contact number :
9. Name of your usual doctor :	9.1 Address of your usual doctor :
9.2 Contact number:	9.3 Fax number :

10. Medical and additional expenses (continue on a separate sheet if necessary).
Please provide the following details. Kindly take note that exchange rate will be calculated based on monthly average for that currency unless bank statement or Bureau de Change receipt is provided.

Receipt No	Date Issued	Description of Expenses	Receipt Issued By	Currency	Amount Claimed	Exchange Rate	Paid (Yes / No)

Travel Insurance
Medical Certificate
(Personal Accident, Illness - Medical and Additional Expenses)

This form is to be completed by the registered General Practitioner (GP) or Specialist of the person whose illness / injury / death has caused the claim.

Note:

- Any charges made for its completion is the responsibility of the patient or claimant.
- To assist us in expediting the claims, please answer all questions.
- All information is treated as private and confidential.

1. Name of the patient:			
2. Identification No. / Passport No.		3. How long have you been the patients GP / Specialist?	
4. Please give a full description of the illness or injury:			
5. Onset date of symptoms:	6. Date first consulted:	7. Diagnosis:	8. Date of diagnosis:
9. In date order, please advise any previous medical history relevant to the above condition:			

10. At the time the journey was booked was the patient:			If yes, please provide further details:
10.1 On a hospital waiting list?	Yes ☐	No ☐	
10.2 Aware of the condition?	Yes ☐	No ☐	
10.3 Undergoing any tests or waiting for results of any tests?	Yes ☐	No ☐	
10.4 Aware of the condition?	Yes ☐	No ☐	
10.5 Given a terminal diagnosis?	Yes ☐	No ☐	
10.6 Is the above illness / Injury due to any underlying condition?	Yes ☐	No ☐	
10.7 Given a terminal diagnosis?	Yes ☐	No ☐	

11. When would patient be fit to travel again?	12. Please provide the patient's state of health at the time the holiday was purchased

Doctor's Declaration

I have examined the patient and / or referred to their medical records and declare that the information given is correct and no relevant details have been withheld.

Name of Doctor:	Company Stamp:
Contact Number:	
Signature:	
Date Signed:	

Non-Medical
Cancellation / Postponement / Curtailment

1. Please select the benefit of the policy you are making the claim under: Cancellation ☐ Postponement ☐ Curtailment ☐	2.1. Please provide further details on reason of cancellation / postponement / curtailment:
2. Reason for cancellation / postponement / curtailment Death ☐ Illness ☐ Injury ☐ Non-Medical ☐	

3. Did you need to cancel / postpone / curtail your trip because of a relative who is not travelling with you or because of a travelling companion? Yes ☐ No ■

3.1 Please indicate which : Relative ☐ Travelling Companion ☐

Please advise their name: If a Relative, please advise their Relationship to you:

4. Date you became aware of the need to cancel / postpone / curtail your trip: ☐☐☐☐ MM / DD / YYYY

5. Date you informed your carrier/travel agent/tour operator: ☐☐☐☐ MM / DD / YYYY

Please answer Question 6, if you need to cancel / postpone / curtail your trip on medical grounds, including death.

6. Name, address and contact number of your usual doctor:

7. Details of trip costs, refunds due or paid and additional expenses incurred (continue on a separate sheet if necessary)

Item	Amount	Refund Due or Paid	Additional Expenses (for Curtailment)	Total
Ticket costs				
Accommodation costs				
Pre-paid excursion / hire car				
Others, please specify				
			Total amount	

8. Was a third party involved? Yes ☐ No ■	8.1 If yes, please provide their name :
8.2 Address of the third party :	8.3 Third party contact number :
8.4 Details of third party's insurer or solicitor :	

Travel Delay / Travel Misconnection / Flight Overbooking / Flight Diversion

1. Please select the benefit of the policy you are making the claim under:
Travel Delay ☐ Travel Misconnection ☐ Flight Overbooking ☐ Flight Diversion ☐

2. Original flight details:	Departure Date & Time: ☐☐☐ MM DD YYYY ☐ :	Arrival Date & Time: ☐☐☐ MM DD YYYY ☐ :
3. Actual flight details:	Departure Date & Time: ☐☐☐ MM DD YYYY ☐ :	Arrival Date & Time: ☐☐☐ MM DD YYYY ☐ :
4. Actual arrival of incoming connecting carrier from airport / ferry port, etc. (For travel misconnection only)	Date:	Time:

5. Length of delay (hours and minutes):

6. Please state the reason provided by the tour operator, airline, cruise company, rail company etc for the cause of delay:

7. Is there any compensation received or payable by the carrier? Yes ☐ No ☐
If Yes, please state the amount :

Baggage Delay

1. Date and time of your arrival in hotel/resort : ☐☐☐ MM DD YYYY ☐ :	2. Date and time you received your luggage : ☐☐☐ MM DD YYYY ☐ :
3. Length of delay (hours and minutes):	

Travel Insurance Claim Form

www.aig.sg

Personal Effects, Baggage, Travel Documents and Money Loss

1. When and where did the loss / theft / damage occur?	2. Date and time the loss / theft / damage was discovered: MM DD YYYY :
3. To whom the incident was reported (e.g.: police, airline, cruise company, etc):	4.. Date and time reported: MM DD YYYY :
5. Were your items in the custody of the carrier / service provider? Yes ☐ No ☐	5.1 Airline customer service number:
5.2 Did you receive any compensation from the airline / cruise company etc? Yes ☐ No ☐	
5.3 If yes, please provide details on the compensation or cash settlement amount received :	
6. Please provide details on the circumstances surrounding the incident and the precautions taken to protect your property :	
7. Where were the items located at the time of the loss, theft or damage?	
8. Any actions taken to attempt the recovery of your property? If yes, please provide details on the actions taken. Yes ☐ No ☐	8.1 If no, please provide details for not attempting recovery:

Details of damaged, stolen, destroyed or lost personal effects (continue on a separate sheet if necessary). Please provide full details of each item claimed for. (For cameras, include the make and model number, lens details etc. For jewellery include nature and quality of metal content, type of stone etc.). Purchase receipts, valuations or other documentation to substantiate ownership should be provided whenever possible.

Description of item	Owner's Name	Place of Purchase	Date Purchased	Purchase Method	Purchase Price

Loss/Theft of Money

Amount of cash & travelers' cheques taken on trip				Amount of cash & travelers cheques damaged, stolen, destroyed or lost during the trip		
Owner of Currency	**Traveler's Cheques**	**Cash**	**Currency**	**Traveler's Cheques**	**Cash**	**Currency**

Loss of Travel Documents

Please detail the expenses you incurred in obtaining a replacement passport or travel document (continue on a separate sheet if necessary).

Owner' s Name	Replacement Cost	Description	Date	Amount	Currency
		Travel			
		Accommodation			
		Additional expenses			
			Total expenses		

Personal Liability Abroad

1. Which of the following are you being held liable for? Damages ☐ Medical compensation ☐	
1.1 Please provide details of the circumstances :	
1.2 Please provide details on the extent of damages or injuries sustained by the other party/person (please attach photos):	
2. Have you instructed solicitors to represent you at this time? Yes ☐ No ☐	
2.1 If yes, please provide the name of solicitors :	2.2 Solicitors contact number :
3. Was the accident due to carelessness or negligence on your part? Yes ☐ No ☐	
4. Have you in any way admitted liability? Yes ☐ No ☐	5. Name and address of any witness to the incident :
6. If any, which Police Officer and Police Station did you report the occurrence?	7. Name and address(es) of the other party / parties:
8. If a claim has been made upon you, was the amount of such claim specified? Yes ☐ No ☐ If yes, please state the amount :	
9. Please provide any additional information which you consider would help us in dealing with any claim that may be made against you.	

Compassionate Visit / Child Guard / Hospital Visitation

1. Reason for additional travel and accommodation expenses? Death ☐ Serious Sickness/Serious Injury ☐	
2. Period of Hospitalization from: MM DD YYYY to MM DD YYYY	3. Please state their name and relationship to you. Name: Relationship:
4. Details of accommodation expenses and additional travel expenses (continue on a separate sheet if necessary):	

Item	Amount
Accommodation costs	
Additional travel expenses	
Others, please specify	
Total amount	

Travel Insurance
Medical Certificate
(Travel Cancellation, Postponement, Curtailment)

Others (Kidnap & Hostage / Golf Advantage / Home Guard / Car Rental Excess Charges & Return / Pet Care / Fraudulent Credit Card Usage / Emergency Telephone Charges)

Please provide details which caused you to claim under the above circumstances and amount claimed : (continue on a separate sheet if necessary):

This form is to be completed by the registered General Practitioner (GP) or Specialist of the person whose illness / injury / death has caused the claim.
Note:

- Any charges made for its completion is the responsibility of the patient or claimant.
- To assist us in expediting the claims, please answer all questions.
- All information is treated as private and confidential.

1. Name of the patient:			
2. Identification No./ Passport No.:		3. How long have you been the patient's GP / Specialist?	
4. Please give a full description of the illness or injury:			
5. Onset date of symptoms:	6. Date first consulted:	7. Diagnosis:	8. Date of diagnosis:
9. In date order, please advise any previous medical history relevant to the above condition:			

10. At the time the journey was booked was the patient:		If yes, please provide further details:
10.1 On a hospital waiting list?	Yes ☐ No ☐	
10.2 Taking any medication relevant to the above condition?	Yes ☐ No ☐	
10.3 Undergoing any tests or waiting for results of any tests?	Yes ☐ No ☐	
10.4 Aware of the condition?	Yes ☐ No ☐	
10.5 Given a terminal diagnosis?	Yes ☐ No ☐	
10.6 Is the above illness / Injury due to any underlying condition?	Yes ☐ No ☐	
10.7 Under the influence of any alcohol or drugs which may have contributed to the accident or illness?	Yes ☐ No ☐	

11. When did it become apparent that the travel arrangements should be cancelled / postponed / curtailed?	12. What date did you advise there was a need to cancel / postpone / curtail the travel arrangement?
13. When would patient be fit to travel again?	14. Please provide the patient's state of health at the time the holiday was purchased:

Doctor's Declaration
I have examined the patient and / or referred to their medical records and declare that the information given is correct and no relevant details have been withheld.

Name of Doctor:	Company Stamp
Contact Number:	
Signature:	
Date Signed:	