

TRAVEL INSURANCE CLAIM FORM

Important Notice :

1. Great Eastern General Insurance Limited ("Company") does not admit liability by the mere issuance of this or any other forms.
2. Medical reports and Diagnostic reports (for damaged items) 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.
4. To avoid delay in processing your claim, please send your completed claim form, together with the supporting documents, within 30 days from the date of event.

Policy No

Claim Number (For Official Use)

GENERAL SECTION (TO BE COMPLETED FOR ALL CLAIMS)

A. DETAILS OF INSURED

Name (As shown in NRIC or Fin) Occupation
 Date of Birth NRIC/Fin/Passport No Gender Male Female
 Address Postal Code
 Contact No. E-Mail Address

B. DETAILS OF INSURED PERSON

Name (As shown in NRIC or Fin) Date Occupation
 of Birth NRIC/Fin/Passport No Gender Male Female
 Address Postal Code
 Contact No. E-Mail Address

C. TRIP DETAILS

Destination(s)
 Period of Travel: Depart Singapore on Return to Singapore on

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	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A. MEDICAL REIMBURSEMENT & HOSPITAL CASH

1. Date of injury / illness 2. Date of first consultation with doctor
 3. Nature of injury / illness
 4. Country and city where accident/sickness occurred
 5. Period of Hospitalisation (If applicable): From To

B. TRIP CANCELLATION / POSTPONEMENT / CURTAILMENT / INTERRUPTION (PLEASE CIRCLE THE APPROPRIATE SECTION)

* Please delete appropriately.

1. Date of Event leading to the cancellation/postponement/curtailment/interruption

D	D	M	M	Y	Y
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2. Date of cancellation/postponement/curtailment/interruption

D	D	M	M	Y	Y
---	---	---	---	---	---

3. Cancellation without reason with reason - Please state reason :

4. Intended Departure Date

D	D	M	M	Y	Y
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 Actual Departure Date

D	D	M	M	Y	Y
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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

C. TRAVEL DELAY / OVERBOOKED FLIGHT/ MISSED CONNECTIONS (PLEASE CIRCLE THE APPROPRIATE SECTION)

1. Country and city where the delay had occurred

2. Reason(s) for delay: (Please tick the appropriate box)

Adverse weather conditions Mechanical breakdown Strike or other industrial action by the employees of the Public Transport or airport or seaport

Others (Please Specify):

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
Time of departure / arrival	Time of departure / arrival

***Important Note: Please submit a copy of letter issued by the airline indicating the reason and duration of delay.**

D. BAGGAGE DELAY

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	

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. Any compensation amount by service provider (eg: airline)? No Yes, please state the amount
5. Can the damaged item be repaired? No Yes
 - * If no, please provide a copy of the diagnostic report to confirm that damaged item (or items) is/are beyond repair.
 - * If yes, please provide us with the repair quotation.
6. Description of items and amounts claimed

Details of lost or damaged item(s) (Make & Model)	Place Bought	Purchase Date / Year	Purchase Price S\$	Amount Claimed S\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount in Singapore Currency Notes	Amount in Foreign Currency Notes	Amount in Travellers cheques	Total Amount Claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* If there is not enough space above to list out all the damaged and/or lost items, please attach another page with the list.

F. RENTAL VEHICLE EXCESS

1. Date of occurrence 2. Place of occurrence
3. Detailed description of incident
4. Amount Claiming

G. OTHERS

For any other claim which does not fall within the sections shown above, please provide us with the details of the claim. If there is not enough space, please attach another page.

H. SETTLEMENT OPTION

PayNow is the (Default settlement option)

PayNow is the default settlement option up to S\$200,000 for policyholder who has registered with PayNow and has linked his/ her Singapore NRIC/ valid FIN to the bank account ("PayNow Account"). You hereby authorise and instruct The Company to deposit the payment that is payable to you into your PayNow Account as well as verify your PayNow Account with the respective Bank ("where necessary").

Credit into my personal bank account.

Name of Bank	Branch of Bank	Bank Account Number	Account Holder's Name

Claim amounts will only be direct credited to the Policyholder's bank account. Please provide a copy of your recently issued bank statement/ passbook/ e-statement showing your full name, ID/ address, bank name, branch and account number (with transaction and other details blanked out) for verification. Direct crediting will only be applicable for claims (excluding reimbursement to CPF Board) to a local bank account.

DECLARATION AND AUTHORISATION

I/We hereby declare that the particulars and information stated above are true and correct in every details 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, and other insurers 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 <https://www.greatasteasternlife.com/sg/en/privacy-and-security-policy.html> and which I/we confirm I/we have read and understood.

Name & Signature of Insured

Date Signed

Name & Signature of Insured Person (Claimant)

Date Signed

DOCUMENTS REQUIRED FOR EACH BENEFIT CLAIMED

All Claims	Original Completed Claim Form Proof of Travel : Flight / Travel Itinerary, boarding pass or Airline ticket which shows the date of departure and return to Singapore
Medical Expenses	Original medical bills / receipts, Medical report / In-patient Discharge Summary or Doctor's statement stating the nature of injury or illness (If available) / Referral letter from a general practitioner / medical practitioner if Specialist consultation and treatment were being sought
Hospital Confinement	Copy of final hospital bills
Trip Cancellation / Postponement / Curtailment / Interruption	Tour itinerary / Original proof of payment / Proof of deposit forfeited or additional fees incurred (e.g. Travel agent's letter) / Proof of relationship / A written confirmation from a medical practitioner certifying Insured Person is unfit to travel (for cases of bodily injury and sickness) / Copy of death certificate (of the deceased leading to the cancellation)
Travel Delay / Overbooked Flight / Missed Connection	Scheduled and revised flight itinerary and boarding pass for every flights/ Letter from Airline, cruise operator's or their handing agent's confirmation on reason and duration of delay or overbooked flight or missed connetions
Baggage Delay	Baggage delay report or Property Irregularity Report from Airline / Baggage acknowledgement receipt
Loss or Damage of Baggage	Police Report filed at place of loss within 24 hours / Property Irregularity Report / Letter (confirmation of loss and stating compensation amount) from Airline or other sources / Original purchase receipts or credit card statement and warranty card of lost or damaged item(s) / Photographs of damaged items / Diagnostic report from repairer stating the cause and extent of damage / Repair invoice or quotation of repair for damaged item(s)
Loss of Personal Money	Police report filed at place of loss within 24 hours
Loss of Travel Documents	Police report filed at place of loss within 24 hours / Invoice or receipt for the transport and accommodation expenses incurred to replace the lost passport or travel documents / Original receipt of the replacement passport
Rental Vehicle Excess	Police report filed at place of loss within 24 hours/ Accident report /Rental agreement and / or receipt showing the vehicle excess amount