TRAVEL CLAIM FORM



GENERAL SECTION (Attach copy of Travel Policy Schedule and Travel Itinerary when submitting your claim)								
١.	Name of Policyholder/Insured	Trade/Occupation						
	Name of Insured Person							
	Occupation							
	Relationship to Policyholder/Insured				_			
	. ,							
	Address (Home)							
	(Email)							
	(Telephone No.) Office	Нс	ome	Mobile				
2.	Policy/Certificate No	Broker	/Agent/Travel Agency					
	Name of Contact Person/Email/Tel	lame of Contact Person/Email/Telephone No						
	Period of Insurance From)						
3.	ls there any other insurance	Insurance Company						
	in force covering this loss of	Address						
	expenses? If so please state	Policy/Certificate No						
4.	Have you or any insured person							
	ever previously sustained a loss	Circumstances						
	of this nature? If so please state	Insurance Company involved						
А.	. LOSS OF DEPOSITS AND TOUR CHARGES/CANCELLATION (Attach Medical Certificate, Death Certificate, Letter of Administration, Letter from Doctor, Invoices or evidence of proof whichever is applicable)							
١.	Please state reason for cancellation holiday							
2.	Date of event leading to the cancel	lation or curtailment						
3.	If caused by illness, has the Insured this before? If so please give details	person suffered from						
4.	Amount claimed		Amount of Deposits	Less Refund	Net Amount Claimed			
5.	If "NIL" refund, please state why							
В.	• PERSONAL ACCIDENT (Attach Medical Certificates, please check with us if you are required to arrange for the completion of a Personal Accident Claim Form)							
١.	Date, time and place of accident							
2.	State cause of accident and nature of							
3.	 a) State the period during which disabled from attending to you and direct result of the acciden 							
	 b) Are you still totally disabled? If were you able to attend to some 							
	c) Has the same part been injured							
	d) Give name, address and contact of the accident	t details of any witness						

NOTE: The issuance of this form is not an admission of liability by the Insurer.

Royal & Sun Alliance Insurance Plc (Singapore Branch)

Registered Office: 60 Anson Road #09-01 Mapletree Anson Singapore 079914 UEN No. T07FC6999H Telephone (65) 6220 1188 Facsimile (65) 6423 0798 Website www.rsagroup.com.sg UK Registered Office of Royal & Sun Alliance Insurance PIc is St Mark's Court, Chart Way, Horsham, West Sussex RH12 IXL England UK Registration number 93792

	e) Give name and address of Doctor who attended to you						
	f) Name and address of your ordinary Medical Attendant						
	g) State where and when a Medical or other Officer of the insurer can visit you, if necessary						
	h) Please state whether in respect of the accident you are entitled to receive compensation from any other source. If so, from what source and to what extent?						
С.	MEDICAL EXPENSES (Attach Medical Certificates and Invoices. If claim for dependent children, attach Certificate of Birth)						
١.	Nature and cause of illness or injury						
2.	Date of illness or injury giving rise to expenses						
3.	a) Medical and similar expenses involved						
	b) Number of days for Hospital Confinement						
4.	Have you ever had the same or similar condition or symptoms relating thereto? If yes, please state name and address of Physician and date of previous treatment.						
5.	Name and address of your usual Attending Physician (Family/Company)						
D.	TRAVEL INCONVIENCE						
١.	MISSED CONVEYANCE / FLIGHT DELAY (Attach letter from Transport Provider stating the hours of delay and the reasons for such delay or reason for missing conveyance and purchase receipts, if applicable)						
		and parenase receipts, in applicable)					
	Original Flight Details	Rescheduled Flight Details					
	Original Flight Details Flight Number						
		Rescheduled Flight Details					
	Flight Number	Rescheduled Flight Details Flight Number					
	Flight Number Date/Time	Rescheduled Flight Details Flight Number Date/Time					
2.	Flight Number Date/Time Place of Departure	Rescheduled Flight Details Flight Number Date/Time Place of Departure Name of Transport Provider					
2.	Flight Number Date/Time Place of Departure Name of Transport Provider	Rescheduled Flight Details Flight Number Date/Time Place of Departure Name of Transport Provider					
2.	Flight Number Date/Time Place of Departure Name of Transport Provider BAGGAGE DELAY (Attach Property Irregularity Repor	Rescheduled Flight Details Flight Number Date/Time Place of Departure Name of Transport Provider t and purchase receipts, if applicable)					
2.	Flight Number Date/Time Place of Departure Name of Transport Provider BAGGAGE DELAY (Attach Property Irregularity Repor Flight Details Flight	Rescheduled Flight Details Flight Number Date/Time Place of Departure Name of Transport Provider t and purchase receipts, if applicable) <u>Collection of Delayed Baggage</u>					
2.	Flight Number Date/Time Place of Departure Name of Transport Provider BAGGAGE DELAY (Attach Property Irregularity Repor Flight Details Flight Number Arrival	Rescheduled Flight Details Flight Number Date/Time Place of Departure Name of Transport Provider t and purchase receipts, if applicable) Collection of Delayed Baggage Date					
2.	Flight Number Date/Time Place of Departure Name of Transport Provider BAGGAGE DELAY (Attach Property Irregularity Repor Flight Details Flight Number Arrival Date/Time Place of	Rescheduled Flight Details Flight Number Date/Time Place of Departure Name of Transport Provider t and purchase receipts, if applicable) Collection of Delayed Baggage Date Time					
	Flight Number Date/Time Place of Departure Name of Transport Provider BAGGAGE DELAY (Attach Property Irregularity Repor Flight Details Flight Number Arrival Date/Time Place of Departure	Rescheduled Flight Details Flight Number Date/Time Place of Departure Name of Transport Provider t and purchase receipts, if applicable) Collection of Delayed Baggage Date Time					

Ε.	PERSONAL LIABILITY (Attach letter from Third Party, Police or Court whichever is applicable)					
	Any communication received regarding the accident should be sent to the insurer immediately (Unanswered)					
١.	Date, time and place of accident					
2.	State cause of accident					
3.	If the accident could have been prevented, state what precaution might have been taken?					
4.	Was the accident due to carelessness or negligence on your part?					
5.	Have you in any way admitted liability?					
6.	To which Police Officer or at which Police Station (if any) did you report the occurrence?					
7.	Name, address and contact details of any witness of the incident					
8.	Name and address of the other party or parties					
9.	The nature of the personal injuries, if any, sustained by any person as result of occurrence. Name, age and address of the injured person. The type of injuries sustained by the injured person					
10.	The extent of the damage to property					
11.	Whether any claim has been made upon you. If so, was the amount of such claim specified?					
12.	Please give any additional information which you consider would help the Insurer in dealing with any claim that may be made against you					
	F. LOSS OF OR DAMAGE TO PERSONAL BAGGAGE/LOSS OF PERSONAL MONEY/LOSS OR TRAVEL DOCUMENT (Attach Purchase Receipts, Property Irregularity Report or Police Report whichever is applicable)					
Ι.	Give full particulars of circumstances giving rise to the loss or damage. (Please retain damaged articles and indicate address at which they may be inspected)					
2.	Date, time and place of loss or damage					
3.	If the loss or damage occurred whilst baggage was in transit or otherwise in the custody or control of others, have any steps been taken to claim against these persons? Please identify them and attach any correspondence and advise outcome of your claim against them.					
4.	If claim is in respect of articles lost or stolen, has a thorough search been made and notification sent to Shipowners, Hotel Proprietors, Police or other parties who may be able to assist in the recovery? Please give details.					
5.	State the total value of money lost	Amount in Singapore Currency Amount in Foreign Currency Amount in Travellers' Cheque				

DESCRIPTION OF BAGGAGE LOST OR DAMAGED							
Description (Make & Model)	Date Purchased	Purchase Price	Deduction for Wear and Tear and Depreciation	Amount allowed for Salvage	Amount Claimed		
(A) MEDICAL INFORMATION AUTHORITY AND (B) PERSONAL DATA PROTECTION ACT (MUST BE COMPLETED BY INSURED PERSON)							

١,

NRIC No.

hereby authorise any hospital, surgeon, medical practitioner, clinic, insurance office or other person or organisation who has attended to me for any reason, to disclose to Royal & Sun Alliance Insurance Plc any and all information with respect to any illness or injury and to provide copies of all hospital or medical records/certification including earlier medical history. A copy of this authorisation shall be considered as effective and valid as the original. The information given is true and correct to the best of my knowledge and belief.

I/We declare and acknowledge that: (i) all information given in this form is true and correct to the best of my/our knowledge and belief; (ii) I/We have not concealed or suppressed any material fact or made any false statement in relation to the claim; and (iii) I/We acknowledge and consent to RSA collecting, using, disclosing and processing my/our personal data for the purposes of managing and administering my/our claim including disclosing my/our personal data to third party service providers within or outside Singapore in accordance with the RSA Singapore Personal Data Protection Policy available at https://www.rsagroup.com.sg/.

Signature of Policyholder/Insured and Company's stamp, if applicable

Signature of Injured Person / Date (18 years and above)

DECLARATION

I/We, the undersigned, do hereby, to the best of my/our knowledge, and belief, warrant the truth of all statements herein and the non-concealment or suppression of any material fact, and I/We further agree and undertake that I/We shall not hereafter make any false statement or conceal or suppress any material fact relating to the accident.

Signature of Policyholder/Insured and Company's stamp, if applicable

Date