

TRAVEL INSURANCE - NON-MEDICAL CLAIMS FORM

Travel Insurance Policy Number:	
Insured Person's Name:	
What is the best phone number to contact you on if we need to speak to you?:	
What is your email address if we need to write to you?:	
Settlement to be made to Insured / Other:	
○ Insured ○ Other	
If Other, please specify:	7
Disconfination to a library	
Place of incident, loss or illness:]
Date and time of incident long or illness :	,
Date and time of incident, loss or illness : Date: (dd/mm/yyyy), Time:	(HH/MM)
Full and detailed description, as far as you can remember, of the incident, loss or illness. (For lost/stolen item(s), plea	ase include when and where did you last saw/used the
item(s), the exact location of loss/theft, when the loss/ theft was discovered, and what you did after discovery.) Pleas	se attach additional pieces of paper if necessary.
Are there any other insurance policies covering you for this incident, loss or illness?	
○ Yes ○ No	
If Yes, please give details of insurer, policy number and amount recoverable	
	'
Trip Cancellation or Interruption	
What caused the cancellation or interruption?	1
Intended departure data (dd/mmhana)	3
Intended departure date (dd/mm/yyyy)	
Date (dddmmhaaa) of assaulation	
Date (dd/mm/yyyy) of cancellation	
Dela (dell'arche e a) of intervalian	
Date (dd/mm/yyyy) of interruption	

al amount paid by you			
al refund received			
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ount you are claiming for			
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Documents required to support your claim

- 1. Flight/carrier itinerary, boarding pass or passport stamp, which shows the date of departure and arrival to Singapore.
- 2. Tour itinerary and tour booking invoice or receipt
- Travel agency/airline/carrier/pre-booked accommodation confirmation on the cost of non-refundable prepaid traveling expenses (including cancellation fees)
- Written advice/medical certificate from a qualified attending medical practitioner confirming that you were unfit to travel (for cases of serious injury or illness)
- 5. Death certificate (where someone's death caused this cancellation)
- 6. Proof of relationship between deceased/injured/sick person

Delayed Departure or Missed Departure and/or Connection						
Delayed Departure						
Flight/carrier Details						
Scheduled departure date, time						
Date:	(dd/mm/yyyy), Time:	(HH/MM)				
Final departure date, time	1					
Date:	(dd/mm/yyyy), Time:	(HH/MM)				
Cause of delay						
Duration of delay						
Missed Departure and/or Connection						
Flight/carrier Details						
Ingribouries betails						
Scheduled departure date, time						
Date:	(dd/mm/yyyy), Time:	(НН/ММ)				
Final departure date, time						
Date:	(dd/mm/yyyy), Time:	(нн/мм)				
		-				
Baggage Delay						
Flight/carrier Details						
Place of departure						
Arrival date (dd/mm/yyyy) Arrival time am pm		_				
Date:	(dd/mm/yyyy), Time:	(HH/MM)				
Baggage Collection						
Place:						

Date:			(0	dd/mm/yyyy), Time:		(HH/MM)	
Docu	ments required	d to support you	r claim				
Flight/carrier itinerary, boarding pass or passport stamp, which shows the date of departure and return to Singapore							
2.	Airline/carrier of	or their handling ag	ent's confirmation of	on the cause and dur	ation of travel delay and	/or missed connection	
3.	Airline/carrier of	delay report and ac	cknowledgement sli	p for your baggage o	delay claim		
Los Cas		ge of Bagga	ge, Golf Equ	ipment and /o	or Travel Docun	nents / Theft of Je	wellery &
	Has the loss or damage been reported to any authorities? ○ Yes ○ No						
If not	please state the r	reason(s).					
State	the amount of co	mpensation from a	ny source in conne	ection with this loss o	r damage		
Dleges	e list the following	n details for each i	tem you are claimin	n for:			
D	-	em including Ma		Original Purchas Date & Price	e Where and wh purchased	en Receipts attached	Amount you are claiming for (SGD)
1.						○ Yes ○ No	
2.						○ Yes ○ No	
						- 100 - 110	
Docu	ments required	d to support you	r claim				
1.	Flight/carrier iti	nerary, boarding p	ass or passport sta	amp, which shows th	ne date of departure and	return to Singapore	
2.	Police report of	f the lost item(s)					
3.		or damage report					
4.			arrier or travel age	nt/operator of amoun	t paid as compensation	for loss incurred	
5. 6.		hs of the damage hill for damaged ite	m(s)/original nurch:	ase receint or warra	nty card of lost/damaged	titem(s)	
0.	original ropus	om for damaged no	in(e)ronginar paroni	add roddipt of Warra	my card or look damage.	2 110111(0)	
Per	sonal Liabi	lity / Hijack 8	& Hostage				
Perso	onal Liability						
		orrespondence yo	u receive regarding	this incident should	be sent to Aviva Ltd. imr	mediately.	
Was the accident due to carelessness, or negligence on your part? ○ Yes ○ No							
Have you in any way admitted liability? Yes No							
Name	and address of a	any witness to the	incident.	1			

		station did you re	port the occurrence?		
Names & address(es)	of the other part	y / parties			
Nature of the persona	l injury sustained	by any person			
-					
Extent of the damage	to the property be	longing to the oth	ner party / parties.		
If a claim has been ma	de upon you, wa	s the amount of s	such claim specified?		
If yes, what is the amo	ount?				
Please give any addition	onal information, v	which you consid	er would help Aviva Ltd. in dea	aling with any claim that may be made a	against you.
Hijack & Hostage					
Flight/carrier Details Flight/carrier no.					
Scheduled departure/s	arrival data				
Date:	Invariate]	(dd/mm/yyyy), Time:	(HH/MM/AM/PN	M)
	date	1			
Final departure/arrival			(dd/mm/yyyy), Time:	(HH/MM/AM/PN	M)
Date:					
	d to support yo	our claim			
Documents require 1. Flight/carrier it	inerary, boarding	pass or passpor		e of departure and return to Singapore	
Documents require 1. Flight/carrier it	inerary, boarding	pass or passpor	t stamp, which shows the date agent/operator of incident deta		
Documents require 1. Flight/carrier it	inerary, boarding etter from airlines,	pass or passpor			
Documents require 1. Flight/carrier it 2. Confirmation le	inerary, boarding etter from airlines,	pass or passpor			
Documents require 1. Flight/carrier it 2. Confirmation le	inerary, boarding etter from airlines,	pass or passpor			
Date: Documents require 1. Flight/carrier it 2. Confirmation le Hire of Replacement Flight/carrier Details Flight/carrier no.	inerary, boarding etter from airlines,	pass or passpor			
Date: Documents require 1. Flight/carrier it 2. Confirmation le Hire of Replacemen Flight/carrier Details	inerary, boarding etter from airlines,	pass or passpor			
Date: Documents require 1. Flight/carrier it 2. Confirmation le Hire of Replacement Flight/carrier Details Flight/carrier no.	inerary, boarding etter from airlines,	pass or passpor	agent/operator of incident deta	ils	
Date: Documents require 1. Flight/carrier it 2. Confirmation le Hire of Replacemen Flight/carrier Details Flight/carrier no.	inerary, boarding etter from airlines,	pass or passpor			
Date: Documents require 1. Flight/carrier it 2. Confirmation le Hire of Replacement Flight/carrier Details Flight/carrier no. Place of departure Arrival	inerary, boarding etter from airlines,	pass or passpor	agent/operator of incident deta	ils	
Date: Documents require 1. Flight/carrier it 2. Confirmation le Hire of Replacement Flight/carrier Details Flight/carrier no. Place of departure Arrival Date:	inerary, boarding etter from airlines,	pass or passpor	agent/operator of incident deta	ils	M)

How many days are you claiming for?
Total amount claimed.
Documents required to support your claim Please select the document(s) you are going to attach
Airline/carrier delay report and acknowledgement slip for your golf club delay claim Receipt showing duration and cost of hiring a replacement set of golf clubs.
I declare that the information provided is, to the best of my knowledge, correct in every detail. I agree that if I have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited. I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the
processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva. I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of
companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes. For full details of the purposes of collection, use and disclosure of your personal data, please visit http://www.aviva.com.sg/pdpa.html.
I hereby authorize any hospital physician, other person, who has attended or examined me, to furnish Aviva Ltd., or its authorized 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 photo stafic copy of this authorization shall be considered as effective and valid as the original.
Date: Name of Insured:
Once this form is fully completed, print, sign and send it with any receipts and documents to support your claim to: Aviva Home Insurance Claims Aviva Ltd. 4 Shenton Way #01 - 01 SGX Centre 2 Singapore 068807 www.aviva.com.sg Note: The acceptance of this form is NOT an admission of liability on the part of Aviva.