



Liberty Insurance Pte Ltd
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611
 Fax: (65) 6224 1047
<http://www.libertyinsurance.com.sg>

TOURCARE PLUS CLAIM FORM

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY AND IT MUST BE COMPLETED AND RETURNED TO US IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

1. THE POLICYHOLDER

Name: _____ NRIC/Passport No: _____

Contact Address: _____

Contact Telephone No.: _____ Policy No.: _____

Email Address: _____

2. NATURE OF CLAIM – I am making a claim under the following Sections (please tick):

- | | | |
|--|---|--|
| <input type="checkbox"/> Section 1: Personal Accident | <input type="checkbox"/> Section 17: Trip Curtailment | <input type="checkbox"/> Section 33: /Withdrawal of Hotel Svcs |
| <input type="checkbox"/> Section 2: Overseas Medical Expenses | <input type="checkbox"/> Section 18: Trip Disruption | <input type="checkbox"/> Section 34: Kidnap Benefit |
| <input type="checkbox"/> Section 3: Medical Expenses (Singapore) | <input type="checkbox"/> Section 19: Travel/Flight Misconnection | <input type="checkbox"/> Section 35: Terrorism Extension |
| <input type="checkbox"/> Section 4: Overseas Hospital Visits | <input type="checkbox"/> Section 20: Travel Delay | |
| <input type="checkbox"/> Section 5: Additional Accommodation Expenses | <input type="checkbox"/> Section 21: Travel Overbooking | |
| <input type="checkbox"/> Section 6: Overseas Compassionate Visit | <input type="checkbox"/> Section 22: Emergency Purchases | |
| <input type="checkbox"/> Section 7: Child Guard | <input type="checkbox"/> Section 23: Baggage Delay | |
| <input type="checkbox"/> Section 8: Hospital Daily Income Benefit(Overseas) | <input type="checkbox"/> Section 24: 24-Hour Travel Assistance | |
| <input type="checkbox"/> Section 9: Hospital Daily Income Benefit(Singapore) | <input type="checkbox"/> Section 25: Loss of Personal Money | |
| <input type="checkbox"/> Section 10: Medical Expenses (Pregnancy Related) | <input type="checkbox"/> Section 26: Loss Travel Documents | |
| <input type="checkbox"/> Section 11: 24-hour Medical Assistance | <input type="checkbox"/> Section 27: Loss of or Damage to Baggage | |
| <input type="checkbox"/> Section 12: Emergency Telephone Expenses | <input type="checkbox"/> Section 28: Rental Vehicle Excess Cover | |
| <input type="checkbox"/> Section 13: Emergency Medical Evacuation | <input type="checkbox"/> Section 29: Closure of Travel Agent | |
| <input type="checkbox"/> Section 14: Repatriation of Mortal Remains | <input type="checkbox"/> Section 30: Home Guard | |
| <input type="checkbox"/> Section 15: Personal Liability | <input type="checkbox"/> Section 31: Hijack Benefit | |
| <input type="checkbox"/> Section 16: Trip Cancellation / Postponement | <input type="checkbox"/> Section 32: Automatic Extension | |

3. Particulars of Accident/Loss/Injury/Sickness

Date of Accident/Loss/Injury/Sickness: _____ Time of Accident/Loss/Injury/Sickness: _____

Place of Accident/Loss/Injury/Sickness: _____

Brief Description of Accident/Loss/Injury/Sickness: _____

Kindly provide original medical bills and/or medical reports/memo from the attending doctor stating the diagnosis or nature of the injury.

4. Description of Property Lost/Damaged

Property Lost/Damaged	Owner of Property	Year Of Purchase	Original Purchase Price	Amount Claimed

Please provide the following:

- (a) Original purchase receipts/invoices of the lost/damaged items.*
- (b) Written report(s) lodged with Police, Local Government Authority/Transport Provider/Singapore Embassy (whichever applicable).*

5. Other Documents to be submitted.

- (a) All boarding passes or copy of the relevant page(s) of passport showing entry and exit from the country of visit.*
- (b) Letter from Transport Provider, confirming the cause and number of hours of delay (applicable for Travel Delay).*

I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit by any fraud or wilful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim.

(Date)

(Signature of Policyholder)