

TRAVEL CLAIM FORM

1. Proof of travel, i.e. Original Boarding Pass and copy of Passport must be submitted with the original completed claim form to us immediately.
2. This form is issued without admission of liability.
3. Any documentary proof or report required by Liberty Insurance shall be furnished at the expense of the Policyholder or Claimant.

POLICYHOLDER INFORMATION

Name:	Policy No:
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CLAIMANT INFORMATION

Name (Mr/Miss/Mrs/Mdm):	Address:
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NRIC/Passport No:	Telephone No:	Occupation:
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Email Address:

Are you also claiming from other insurance policy for this loss? YES NO

If YES, state the following:

1. Insurance Company:
2. Type of Policy & Policy No:
3. Amount Compensated:

Have you ever had any previous claims? YES NO

If YES, state the following:

1. Date:
2. Circumstances:
3. Insurance Company:
4. Amount Claimed:

DETAILS OF ACCIDENT/LOSS/INJURY/SICKNESS

Date & Time of Accident/Loss/Injury/Sickness:	Place of Accident/Loss/Injury/Sickness:
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Brief Description of Accident/Loss/Injury/Sickness:

Have you ever suffered any similar condition/recurrence of a previous illness or injury? YES NO

If YES, please give details:

MEDICAL EXPENSES

Date of Treatment	Details of Medical Expenses Incurred	Currency & Amount Paid

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

TRAVEL DELAY/FLIGHT MISCONNECTION

Original Flight Details	Delayed Flight Details
Flight No:	Flight No:
Date of Departure (dd/mm/yy):	Date of Departure (dd/mm/yy):
Time of Departure: <input type="checkbox"/> AM <input type="checkbox"/> PM	Time of Departure: <input type="checkbox"/> AM <input type="checkbox"/> PM
Place of Departure:	Place of Departure:

Please provide the followings:

- (a) E-ticket or original flight itinerary. (b) Letter from Transport Provider confirming the cause and number of hours of delay.

BAGGAGE DELAY

Flight No:	Collection of Delay Baggage
Arrival Date (dd/mm/yy):	Date Collected (dd/mm/yy):
Arrival Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Time Collected: <input type="checkbox"/> AM <input type="checkbox"/> PM

Please provide the following:
 (a) E-ticket or original flight itinerary. (b) Property Irregularity Report. (c) Baggage Acknowledgment Slip.

TRIP CANCELLATION/CURTAILMENT

Amount Paid by You:	Amount Refunded:	Amount Claimed:
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Please provide the following:
 (a) Supporting documents for trip cancellation/curtailment.
 (b) Tour booking invoice/receipt.
 (c) Letter from Travel Agency/airline confirming the non-refundable amount of travel costs paid in advance.

LOSS/DAMAGE TO BAGGAGE & PERSONAL EFFECTS

Description of 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).

OTHERS

If you have any other claim, which does not fall within the sections stated above, please provide details here.

BANK ACCOUNT INFORMATION (for GIRO Claims Processing)

Name of Bank:	Bank Code:	Branch Code:
Bank Account No:	Name of Account Holder:	

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 exaggerated the claim or sought unjustly to benefit by any fraud or willful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim. I understand Liberty Insurance reserves the right to repudiate the claim if it is later proven false or intentionally omitted by me.

I authorize the release of any medical information necessary to process this claim.

Signature of Claimant

Authorised Signature & Company Stamp of Policyholder

Date

Date