Liberty Insurance Pte Ltd
One Raffles Quay #25-01 North Tower
Singapore 048583
Tel: 1800-LIBERTY (542 3789)
Reg. No. 199002791D | GST Reg. No. M2-0093571-3
www.libertyinsurance.com.sg

Claim Form: Travel

Please complete all sections to facilitate the processing of your claims.

1. Proof of travel i.e. Copy of Arrival/Departure stamps or boarding pass together with passport copy
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

Information of Policyholder

Name of Policyholder: _____	Policy No.: _____

Information of Claimant

Name of Claimant: _____	NRIC/FIN No.: _____
Email: _____	Contact No.: _____
Mailing Address: _____	Postal Code ( )
Gender: ☐ Female ☐ Male	Occupation: _____
Please advise Period of Travel for this trip.	From: To:

Are there any other policies of insurance in-force covering you in respect of this event? ☐ Yes ☐ No

If Yes, please state:

Name of Insurance Company: Policy No.:

_____ _____

Are you making a claim for the same event from another source/policy? ☐ Yes ☐ No

If Yes, please state:

Claim Details: Amount Claimed:

_____ _____

Was there any compensation provided? ☐ Yes ☐ No

If Yes, please state:

Amount of Compensation:

_____

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Have you ever had any previous claims? ☐ Yes ☐ No

If Yes, please state:

Name of Insurance Company: _____

Date of Previous Claims: _____

Circumstances: _____

Amount Claimed: _____

Details of Accident/Loss/Injury/Sickness

Date of Travel Period:

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: _____

Have you ever suffered any similar condition/recurrence of a previous illness or injury? ☐ Yes ☐ No

If Yes, please provide details:

_____

Amount Claimed in respect of 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.
For all hospitalisations overseas, please obtain detailed medical reports from Doctor concerned.

Travel Delay/Flight Misconnection/Travel Diversion

Original Flight No.:	Original Departure Date:	Time of Departure: ☐ AM ☐ PM
_____	_____	
Actual Flight No.:	Actual Departure Date:	Time of Departure: ☐ AM ☐ PM
_____	_____	

Cause of Delay:	Length of Delay:
_____	_____

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Please provide the following:
a. E-ticket or original flight itinerary
Letter from Transport Provider confirming the cause and number of hours of delay

Baggage Delay

Flight No.:	Flight Arrival Date:	Time of Arrival: ☐ AM ☐ PM
Baggage Collection Date:	Place of Baggage Collection:	Baggage Collection Time: ☐ AM ☐ PM

Please provide the following:

a. E-ticket or original flight itinerary b. Property Irregularity Report c. Baggage Acknowledgement Slip

Trip Cancelation/Curtailment

Reason for Cancelation/Curtailment:		
Intended Date of Departure:	Date of Cancelation of Trip:	Amount Paid by You:
Amount Refunded:	Amount Claimed:	

If Trip/Curtailment has caused any medical condition, has the patient suffered from this condition before? ☐ Yes ☐ No

If Yes, please state:

Name of Doctor consulted: Date of Consultation:

Mailing Address:

Postal Code ( )

Please provide the following:
a. Supporting documents for trip cancelation/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, Loss of Money, Loss of Travel Documents

Date of Loss/Damage:	Time of Loss/Damage:	Place of Loss/Damage:
Please provide full details of circumstances leading to the loss/damage. (please retain damaged articles for inspection if necessary)		
Has this Loss/Damage been reported to the relevant authorities and police overseas? ☐ Yes ☐ No		

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If No, please state reasons:

_____

State the amount of compensation from the service provider (if applicable). Otherwise, please provide evidence of denial from service provider (if applicable).

_____

Loss/Damage to Baggage & Personal Effects

Description of Property Lost/Damaged (Brand/Model)	Owner of Property	Date of Purchase	Original Purchase of Price	Original Receipts
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Please state reasons for non-submission of original receipts (if applicable) _____

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)
c. Photographs of damaged items

Others

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

_____

Payment Details

Please select the claim payment mode.

☐ Cheque
☐ Direct transfer into Policyholder's bank account.
Please provide supporting documents such as a bank statement for verification of payee details. We will not be able to proceed with a bank transfer should there be no supporting documents provided.

Full name (as shown in the bank account): _____

Nationality.: _____

Name of Bank: _____

Bank Account Number: _____

I agree to hold Liberty Insurance Pte Ltd harmless and that it is fully and finally discharged of its obligations once it has made payment to the bank and bank account number given above.

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PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

DECLARATION

1) 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.

_____
Date

_____
Signature of Claimant

_____
Date

_____
Signature of Policyholder &
Company Stamp