

TRAVEL INSURANCE - MEDICAL CLAIMS FORM

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|--|----------------------|
| Travel Insurance Policy Number: | <input type="text"/> |
| Insured Person's Name: | <input type="text"/> |
| What is the best phone number to contact you on if we need to speak to you?: | <input type="text"/> |
| What is your email address if we need to write to you? | <input type="text"/> |

Settlement to be made to Insured / Other:
 Insured Other

If Other, please specify:

Place of incident, loss or illness:

Date and time of incident, loss or illness:
Date: , Time:

Description of incident, loss or illness:

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

Personal Accident / Medical Expenses / Hospital Benefit/ Pre Booked Golfing Green Fees

Nature of injury or illness:

State amount claimed:

Did these injuries result in permanent disability?
 Yes No

Have you ever suffered from this injury/illness or a similar condition before?
 Yes No

If "Yes", please give the details of any consultation(s) with a doctor

| | Date of Consultation | Name of Doctor | Address of Doctor |
|----|--|----------------------|----------------------|
| 1. | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> |

2. **Date of Consultation** **Name of Doctor** **Address of Doctor**

3. **Date of Consultation** **Name of Doctor** **Address of Doctor**

Mugging

Did you report the mugging to the Police?

Yes No

Hospital admission date:

Date: , Time:

Hospital discharge date:

Date: , Time:

Documents required to support your claim

1. Flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
2. Original medical bills
3. Medical report or discharge summary on onset date, cause, extent of permanent disability (if applicable) and nature of injury or illness
4. Police report (accident and mugging only)
5. Death certificate, autopsy report and coroner's findings (death claim)
6. Proof of relationship between deceased and claimant (death claim)
7. Confirmation from the Golf Course where the Pre Booked Green Fees were paid that they are non-refundable.

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 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 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:

Signature of Insured

Aviva Travel Claims Department
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.