

TRAVEL INSURANCE - NON-MEDICAL CLAIMS FORM

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: (dd/mm/yyyy), Time: (HH/MM)

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

Trip Cancellation or Interruption

What caused the cancellation or interruption?

Intended departure date (dd/mm/yyyy)

Date (dd/mm/yyyy) of cancellation

Date (dd/mm/yyyy) of interruption

Total amount paid by you

Total refund received

Amount you are claiming for

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
3. Travel agency/airline/carrier/pre-booked accommodation confirmation on the cost of non-refundable prepaid traveling expenses (including cancellation fees)
4. 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

Date: (dd/mm/yyyy), Time: (HH/MM)

Cause of delay

Duration of delay

Missed Departure and/or Connection

Flight/carrier Details

Scheduled departure date, time

Date: (dd/mm/yyyy), Time: (HH/MM)

Final departure date, time

Date: (dd/mm/yyyy), Time: (HH/MM)

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: (dd/mm/yyyy), Time: (HH/MM)

Documents required to support your claim

1. Flight/carrier itinerary, boarding pass or passport stamp, which shows the date of departure and return to Singapore
2. Airline/carrier or their handling agent's confirmation on the cause and duration of travel delay and/or missed connection
3. Airline/carrier delay report and acknowledgement slip for your baggage delay claim

Loss or Damage of Baggage, Golf Equipment and /or Travel Documents / Theft of Jewellery & Cash

Has the loss or damage been reported to any authorities?

Yes No

If not please state the reason(s).

State the amount of compensation from any source in connection with this loss or damage

Please list the following details for each item you are claiming for:

	Description of Item including Make & Model / amount of cash	Original Purchase Date & Price	Where and when purchased	Receipts attached	Amount you are claiming for (SGD)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Documents required to support your claim

1. Flight/carrier itinerary, boarding pass or passport stamp, which shows the date of departure and return to Singapore
2. Police report of the lost item(s)
3. Baggage loss or damage report
4. Confirmation letter from airlines, carrier or travel agent/operator of amount paid as compensation for loss incurred
5. Any photographs of the damage
6. Original repair bill for damaged item(s)/original purchase receipt or warranty card of lost/damaged item(s)

Personal Liability / Hijack & Hostage

Personal Liability

Please note that any correspondence you receive regarding this incident should be sent to Aviva Ltd. immediately.

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 any witness to the incident.

If any, which Police Officer and Police Station did you report the occurrence?

Names & address(es) of the other party / parties

Nature of the personal injury sustained by any person

Extent of the damage to the property belonging to the other party / parties.

If a claim has been made upon you, was the amount of such claim specified?

Yes No

If yes, what is the amount?

Please give any additional information, which you consider would help Aviva Ltd. in dealing with any claim that may be made against you.

Hijack & Hostage

Flight/carrier Details

Flight/carrier no.

Scheduled departure/arrival date

Date: (dd/mm/yyyy), Time: (HH/MM/AM/PM)

Final departure/arrival date

Date: (dd/mm/yyyy), Time: (HH/MM/AM/PM)

Documents required to support your claim

1. Flight/carrier itinerary, boarding pass or passport stamp, which shows the date of departure and return to Singapore
2. Confirmation letter from airlines, carrier or travel agent/operator of incident details

Hire of Replacement Golf Clubs

Flight/carrier Details

Flight/carrier no.

Place of departure

Arrival

Date: (dd/mm/yyyy), Time: (HH/MM/AM/PM)

Golf Club collection

Date: (dd/mm/yyyy), Time: (HH/MM/AM/PM)

How much per day were the replacement Golf Clubs you had to hire?

How many days are you claiming for?

Total amount claimed.

Documents required to support your claim

1. Airline/carrier delay report and acknowledgement slip for your golf club delay claim
2. 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 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 static 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.