United Overseas Insurance Limited
3 Anson Road #28-01 Springleaf Tower Singapore 079909
Tel: (65) 6222 7733 Fax: (65) 6327 3869 / 6327 3870
Email: Claims@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152R

Claim Form – Travel Insurance

This Form is issued without prejudice to any of the Stipulations or Conditions of the Company's Policy, and is not to be taken as an admission of liability on the part of the Company.

This Form should be completed and returned within thirty-one (31) days after the expiry of insurance.

Please mail the completed Claim Form and supporting documents to:
Broadspire by Crawford & Company International Pte Ltd
Travel Claims Department
No.8 Shenton Way
#03-01
Singapore 068811

Telephone: 6225 4211 **Facsimile: 6222 8310**
Email: travel-uoi@broadspire.asia
Singapore Company Reg No: 197101412E

IT IS ESSENTIAL THAT EACH QUESTION SHOULD BE ANSWERED AS FULLY AND ACCURATELY AS POSSIBLE.

PARTICULARS OF CLAIM

Insured Name : _____

Address : _____

_____

Singapore _____

Email : _____

Insured Person Name : _____

NRIC/ Passport No. : _____

Policy/ Certificate No : _____

Contact Number : Home _____

: Mobile _____

Payee Name/ Settlement to be made to: : _____

1.	Description of the incident of loss or injury or illness	
2.	Are you any other insurance policies in force covering you in respect of this event? If ñYesò, please provide the name and address of the Insurance Company.	☐ No ☐ Yes, please specify

Documents Required for All Claims

- Copy of Certificate of Insurance
- Tour Operators Confirmation of booking invoices, Airline ticket counterfoil(s)/ Booking Pass(es)
- Copy of actual travel itinerary of Trip
- Copies of your other insurance policy, if any

Claim Form – Travel Insurance *Cont'd*

MEDICAL & OTHER EXPENSES/ EMERGENCY MEDICAL EVACUATION/ HOSPITAL ALLOWANCE/ REPATRIATION EXPENSES/ PERSONAL ACCIDENT/ PERMANENT TOTAL DISABLEMENT

Please tick accordingly

- ☐ Medical & Other Expenses
- ☐ Hospital Allowance
- ☐ Emergency Medical Evacuation
- ☐ Repatriation Expenses
- ☐ Personal Accident/ Permanent Total Disablement

1	Name of Insured Person (Patient)	
2	Date and Place of Accident/ or onset of illness	
3	Nature and cause of accident/ illness	
4	Period in hospital, (if any) From _____ To _____	
5	Name and Address of other Insurance Company covering your medical expense(s) Policy reference Number _____	

Date	Medical Institution/ Hospital/ Clinic	Nature of Expenditure	Amount (state currency if not S$)

Documents Required:

- Medical Report showing nature or diagnosis of injury/ sickness
- Original Medical Bills/ Receipts for the full amount of the claim
- If hospital benefit is claimed, a letter confirming the date of admittance and the date of discharge from hospital is required.
- Police Report (for accident-related cases)
- Death Certificate and Burial/ Cremation Permit (if death occurred)

Claim Form – Travel Insurance *Cont'd*

MEDICAL CERTIFICATE *This certificate is to be furnished at the claimant's expenses and must be completed by he claimants usual doctor*		
1.	Patientôs name : _____	
2.	(a) Are you this patientôs usual doctor ☐ Yes ☐ No (b) If ñYesò, for how long? _____	
3.	Describe (a) accidental injuries (b) cause of death (c) illness of patient _____	
4	Date medical treatment first sought for this condition	
5	History of this condition or any relevant condition with date(s) of treatment. If none, please state so	
6	If you were treating the patient prior to the holiday, was he/she fit to travel at date of booking?	Date of Booking: _____ ☐ Yes ☐ No
	_____ Doctorôs signature _____ Doctorôs name and Qualifications _____ Date Clinic Address _____	

Claim Form – Travel Insurance *Cont'd*

LOSS OF DEPOSIT/ CANCELLATION/ CURTAILMENT OR TRAVEL INCONVENIENCE
(Please tick accordingly)

☐ Cancellation (before onset of trip) ☐ Curtailment ☐ Travel Delay
☐ Missed Flight Connection ☐ Overbooked Flight ☐ Hijacking

1	Full name of all Insured Person	
2	Date of Occurrence, Cancellation or Curtailment	
3	Reason for Cancellation/ Curtailment/ Travel Delay/ Missed Flight Connection/ Overbooked Flight/ Hijacking	

Documents Required:

- Cancellation
  - ~ If due to own illness/ injury, doctorôs letter is required
  - ~ If due to Immediate Family Memberôs death/ illness/ injury, Death Certificate or doctorôs written advice respectively is required.
  - ~ Document confirming relationship if cancellation was due to Immediate Family Member death/ illness/ Injury
  - ~ Original cancellation invoice from Travel Agent stating the amount of refund. If there is no refund, please provide the original air ticket(s) for record.
- Curtailment
  - ~ Original letter from Travel Agent stating the amount of refund.
  - ~ If due to own illness or that of travelling companion, written advice or certificate from the treating doctor overseas confirming the advice for you or your travelling companionôs return to Singapore is required.
  - ~ If due to Immediate Family Memberôs death/ illness injury, death certificate or doctorôs written advice respectively is required.
  - ~ Document(s) confirming relationship if curtailment was due to Immediate Family Memberôs death/ illness/ Injury.
- Travel Delay/ Missed Flight Connection/ Overbooked Flight/ Hijack
  - ~ Written confirmation from operators of the airline, sea vessel or train stating the reason for departure delay and the duration of delay in number of hours
  - ~ Original receipt for meals, accommodations or refreshment expenses incurred if not provided for or compensated by the carrier or any third party.

DELAYED BAGGAGE

	Flight Details		Collection of Delay Baggage	
1	Arrival Date and Time	_____	Arrival Date and Time	_____
2.	Flight No	_____	Flight No	_____
3.	Name of Airline	_____	Name of Airline	_____

Documents Required:

- Letter from Airline confirming reason for delay and duration
- Baggage delivery receipt/ acknowledgement or Baggage Irregularity report.

Claim Form – Travel Insurance *Cont'd*

LOSS OF BAGGAGE & PERSONAL EFFECTS/ LOSS OF PERSONAL MONEY & TRAVEL DOCUMENTS

1	Did you report the loss to the police or airline or handling agents?	☐ Yes ☐ No
2	If ñYesò, state to whom did you report the loss and date of loss reported.	Reported to: _____ Date: _____
3	Details of item(s) lost or damaged	

Item Description	Place Bought	Purchase Date	Purchase Price	Amount Claimed

4 Loss of Money

Amount in notes (S$)	Amount in foreign currency notes	Amount in travellers cheques	Total amount claimed

Documents Required:

- Original purchase receipt(s)/ Warranty card/ Instruction Manual (s)
- Photograph (s) of damaged baggage were applicable
- Property Irregularity Report for lost or damaged of baggage by an airline or carrier
- Police Report translated into English, where applicable, is required for Money and theft claim.

PERSONAL LIABILITY/ RENTAL VEHICLE EXCESS

1	Date and Place of accident/ incident	
2	Please describe how the accident/incident occurred	
3	What is the name of and address of the other party?	
4	Was a police report made? If Yes, when and where was it made?	☐ Yes ☐ No

Claim Form – Travel Insurance *Cont'd*

PERSONAL LIABILITY/ RENTAL VEHICLE EXCESS (Cont')		
5	Has a claim been made against you? If Yes, give details and attach all communication received.	☐ Yes ☐ No

Documents Required:
- Photographs of Damage
- Third Partyôs letter, if any, holding you liable for the incident
- A copy of rental vehicle agreement and repair invoice (applicable for Rental Vehicle Excess Claim)
- Related police report, if available

[Document(s) in foreign language except in the local working language, ie. English is to be translated at your own expense before submitting].

HOMESURE (FIRE INSURANCE COVER FOR HOUSEHOLD CONTENTS)

1	Date and Place of accident/ incident	
2	Please describe how the accident/ incident occurred	
3	Is there other insurance covering the property concerned? If ñYesò, please provide the insurance company and Policy reference no.	☐ Yes ☐ No Insurance Company: _____ Policy reference no : _____

4 Details of item(s) lost or damaged

Item Description (including Make and Model)	Purchase Date	Purchase Price	Amount Claimed

Documents Required:
- Photographs of Damage
- Original invoices/ Purchase receipt of items.
- Police report/ Results
- Quotation for repair/ replacement.

Declaration

I declare that the information given in this claim form is true and correct to the best of my knowledge and belief.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the Company, or its authorized representative, 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 photostated copy of this authorization shall be considered as effective and valid as the original.

Name and Signature of Insured/ Insured Person _____ Date _____