

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 and/ or upon return to Singapore.

Please email or mail the completed Claim Form and supporting documents to:

Broadspire by Crawford & Company
 Travel Insurance Claims Department
 6 Shenton Way,
 #19-10 OUE Downtown 2
 Singapore 068809

Email: travel-uo@broadspire.asia
 Telephone: 6632 8639 Facsimile: 6632 8040

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

PARTICULARS OF INSURED

Policyholder name: _____ Insured/ Claimant name: _____

Address: _____ NRIC/ Passport No.: _____

_____ Policy/ Certificate No: _____

Singapore _____ Contact Number: Home _____

Mobile _____

Email: _____

Please choose either direct credit to your bank account or cheque payment:

Payee’s bank account no _____ Name of Bank _____

Account holder name _____

Cheque payment in favor of _____

1.	Are there any other insurance policies in force covering you in respect of this event? If “Yes”, please provide the name of the insurer, amount compensated and the details:	<input type="checkbox"/>	No
		<input type="checkbox"/>	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 and proof of receiving compensation, if any

Claim Form – Travel Insurance

(Please tick accordingly)

- | | |
|---|--|
| <input type="checkbox"/> Medical & Other Expenses* | <input type="checkbox"/> Hospital Confinement Allowance* |
| <input type="checkbox"/> Emergency Medical Evacuation* | <input type="checkbox"/> Repatriation Expenses |
| <input type="checkbox"/> Personal Accident/ Permanent Total Disablement | <input type="checkbox"/> Child's Education Fund |
| <input type="checkbox"/> Compassionate Visit/ Child Caretaker/ Child Help | <input type="checkbox"/> Get Well Benefit |
| <input type="checkbox"/> Bereavement Benefit due to COVID-19 | |

*Including COVID-19 Cover

1.	Date and Place of accident/ or onset of illness																									
2.	Nature and cause of accident/ illness																									
3.	Have you ever suffered or seeking treatment for the similar condition? If yes, date of symptoms first treated and details:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
4.	Period stay in hospital, (Overseas) From _____ To _____ Period stay in hospital, (Singapore) From _____ To _____																									
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Date</th> <th style="width:30%;">Medical Institution/ Hospital/ Clinic</th> <th style="width:30%;">Nature of Expenditure</th> <th style="width:25%;">Amount Claimed (state currency if not S\$)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date	Medical Institution/ Hospital/ Clinic	Nature of Expenditure	Amount Claimed (state currency if not S\$)																				
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Documents Required:

- Medical Report and/or Hospital Discharge Summary showing nature and/or diagnosis of injury/ sickness
- Original Medical Bills/ Receipts for the full amount of the claim
- Police Report (for accident-related cases)
- Death Certificate, Burial/ Cremation Permit (if death occurred) and bill incurred for burial in the locality
- Child's birth certificate (for Child's Education Fund)
- Bills/Receipts for additional expenses incurred (for compassionate visit and child help claim)

Claim Form – Travel Insurance

(Please tick accordingly)

- | | | |
|---|---|---|
| <input type="checkbox"/> Cancellation/Postponement*
(before onset of trip) | <input type="checkbox"/> Trip Curtailment* | <input type="checkbox"/> Travel Delay |
| <input type="checkbox"/> Travel misconnection | <input type="checkbox"/> Overbooked
Scheduled Public
Conveyance | <input type="checkbox"/> Flight Deviation |
| <input type="checkbox"/> Hijacking / Kidnapping | <input type="checkbox"/> Baggage Delay | <input type="checkbox"/> Trip Disruption |

*Including COVID-19 Cover

1.	Full name of all Insured Name(s)	
2.	Date of the incident	
3.	Reason for Trip Cancellation/ Trip Postponement/ Trip Disruption / Curtailment/ Travel Delay/ Missed Flight Connection/ Flight Deviation/ Overbooked Scheduled Public Conveyance	
4.	<u>Flight Details:-</u> Departure Date and Time _____ Arrival Date and Time _____	<u>Collection of Baggage Details:</u> Collection Date and Time _____

Documents Required:

- Cancellation
 - ~ If it is due to own illness/ injury, doctor's letter is required
 - ~ If it is due to Immediate Family Member's sudden death/ illness/ injury, Death Certificate or doctor's written advice, document confirming relationship are required
 - ~ 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/ Disruption
 - ~ Original letter from Travel Agent stating the amount of refund
 - ~ If it is 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 companion's return to Singapore is required
 - ~ If it is due to Immediate Family Member's sudden death/ illness injury, death certificate or doctor's written advice, document(s) confirming relationship are required
- Travel Delay/ Travel Misconnection/ Flight Deviation / Overbooked Scheduled Public Conveyance/ 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
- Kidnapping
 - ~ A copy of the police report including information stating the duration of being held hostage
- Baggage Delay
 - ~ Letter from Airline confirming reason for delay and duration
 - ~ Baggage delivery receipt/ acknowledgement or Baggage Irregularity Report

Claim Form – Travel Insurance

(Please tick accordingly)

Loss of Baggage & Personal Effects
 Loss of Personal Money & Travel Document
 Credit Card Indemnity

1.	Did you report the loss to the police or airline or handling agents or your Bank <i>(For loss of Credit Card)</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	If "Yes", state to whom did you report the loss and date of loss reported.	Reported to: _____ Date: _____		
3.	Description of the incident leading to the loss			
4.	Details of item(s) lost or damaged			
	Item Description	Place Bought	Purchase Date	Purchase Price
5.	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
- Photograph(s) of damaged baggage where applicable
- Property Irregularity Report for loss of or damaged baggage by an airline or carrier
- Police Report translated into English, where applicable, is required for Money and theft claim
- Proof of receiving compensation for the loss from other insurer or source
- Bank's investigation report, telephone bill incurred for calling UOB (for UOB cardholders only)

(Please tick accordingly)

Personal Liability
 Rental Vehicle Excess
 Home Protection / Burglary

1.	Date and Place of accident/ incident	
2.	Please describe how the accident/ incident occurred	

Claim Form – Travel Insurance

3.	What is the name and address of the other party?		
4.	Was a police report made? If Yes, when and where was it made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is there any claim made against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Details of item(s) lost or damaged		
	Item Description (including Make and Model)	Purchase Date	Purchase Price
			Amount Claimed
<p>Documents Required:</p> <ul style="list-style-type: none"> • Photographs showing the damage item(s), original invoices/Purchase receipt of items, quotation for repair/replacement • Third Party's letter, if any, holding you liable for the incident • A copy of rental vehicle agreement and repair invoice (applicable for Rental Vehicle Excess Claim) • Police report / Results <p>[Documents in foreign language except in the local working language, i.e. English to be translated at your own expense before claim(s) submission]</p> <ul style="list-style-type: none"> • All correspondences with the other party 			

Claim Form – Travel Insurance

(Please tick accordingly)

Emergency Phone Charges
 Un-utilised Entertainment Ticket
 Credit Card Liability Protector
 Others

1.	Date and Place of accident/ incident	
2.	Description of the incident leading to the loss	
3.	Details of claims	
	Items	Amount Claimed

Documents Required:

- Phone bill
- Original invoices/ Purchase receipt of items
- Credit Card Statement
- Proof of receiving compensation for the loss from other insurer or source

Overseas Quarantine Confinement Allowance due to COVID-19

1.	Name of designated facility for quarantine	
2.	Period stay in designated facility From _____ To _____	

Document Required:

- Document proof of quarantine order issued by the relevant authorities or governing bodies of the destination country.

Claim Form – Travel Insurance

Important Notice

In accordance to the provisions of the Personal Data Protection Act 2012 (“PDPA”), the UOI’s privacy notice shall form part of the terms and conditions of the Policy. A copy of UOI’s Privacy Notice can be found at www.uoi.com.sg

Declaration

I/We declare that the information given in this claim form is true and correct to the best of my knowledge and belief. I/We undertake to render every assistance on my/our power in dealing with the matter.

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