



TRAVEL INSURANCE CLAIM FORM

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY

Please fill the relevant sections

Name of Insured : _____ Policy/Certificate no. : _____

Name of Claimant : _____ Age : _____ Occupation : _____

Relation to the Insured : _____ Contact Telephone no. : _____

Address : _____

Travel Agents Name (if any) _____

Period of Journey : From ____ DD ____ MM ____ YY to ____ DD ____ MM ____ YY

Do you have any other insurance policies related to the claim ? Yes/No
 If yes, please provide the name of insurance company and policy no. : _____

State amount recovered or recoverable from any other source (such as airline, hotel, other insurance company or third party)

Section 1 (Accidental Death & Disablement)

(a) Date, time and place of accident : _____

(b) Description of how the accident occurred, and the injuries sustained : _____

(c) Name and address of the attending doctor : _____

(d) Full name and telephone no. of witness(es), if any : _____

(e) Cause of death, if applicable : _____

(f) Permanent disability (degree and extent), if applicable : _____

Note : Please submit all relevant documents such as traveling schedule airticket, medical report, boarding pass, police report and other available documents.

Section 2 (Public Transport Double Cover)

(a) Date, time and place of accident : _____

(b) Full description of the accident : _____

(c) Name and address of independent witness to the accident : _____

(d) Name and address of attending doctor/hospital concerned : _____

(e) Name, address and reference number of the police station concerned : _____

(f) The type/kind of the transportation device : _____

(g) Description of the accident from related transportation device : _____

(h) Cause of death, if applicable : _____

Note : Please submit all relevant documents such as traveling schedule airticket, police report in substance of the claim and other available documents.

Section 3,4,5, 6, 7 & 8 (Medical Expenses Incurred Overseas, Medical Expenses Incurred Upon Return to Indonesia, Overseas Hospital Income in Indonesia, Emergency Evacuation and Direct Repatriation)

(a) Date, time and place of accident/sickness occurred : _____

(b) Full decription of the accident : _____

(c) Name and address of independent witness(es) to the accident : _____

(d) Diagnosis of injury/sickness : _____
Nature and extent of injury/sickness : _____

(e) Name, telephone and address of attending doctor/hospital	Date of visit/hospitalization period	Amount incurred
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(f) Nature and amount of claim : _____

(g) Will there be any further medical consultation/treatment required ? Yes/No

(h) Did the sickness Pre-existing to the trip? Yes/No

Note : Please submit all relevant documents such as medical report, medical bills, boarding pass or entrance and departure pass and other available documents.

Section 9,10 & 11 (Return of Minor, Compassionate Visit By Relative or Friend & Hospital Visitation)

(a) Date, time and place of accident : _____

(b) Description of how the accident occurred, and the injuries sustained : _____

(c) Name, address and telephone no. of the hospital : _____

(d) Cause of death, if applicable : _____

(e) Permanent disability (degree and extent), if applicable : _____

(f) Name of relative or friend : _____

Note : Please submit all relevant documents such as traveling schedule airticket, medical report, boarding pass, police report and other available documents.

Section 12 (Emergency Telephone Charges)

(a) Date, time and place of phone call : _____

(b) The purpose of phone call : _____

(c) The cost of phone call : _____

Note : Please submit all relevant documents such as boarding pass or entrance and departure pass, phone call bills, and other available documents.

Section 14,15 ,16 & 20 (Travel Cancellation, Travel Postponement & Travel Curtailment Including Aircraft Hijacking and Travel Interruption)

- (a) Name and address of your travel agent : _____
- (b) The relevant flight no. and/or reference no. : _____
- (c) Date of travel arrangements made _____ Date of deposit paid _____
- (d) Schedule date of departure _____ Time of departure _____ Place of departure _____
- (e) Actual date of departure _____ Actual time of departure _____
- (f) Amount Claimed : _____
- (g) Reason for the cancellation, postponement or curtailment : _____
-
- (h) Can the pre-paid amount be recovered from other sources ? Yes/No
If yes, please state where and how _____

Note : Please submit all relevant documents such as traveling schedule airticket, all unused ticket, travel deposit, payment receipt, boarding pass, carrier's/airlines confirmation, medical report and other available documents.

Section 17 & 21 (Loss or Damage to Baggage Including Lap top & Personal Effects & Loss of Travel Document)

- (a) Date, time and place of loss/damage : _____
- (b) Describe how the loss/damage occurred : _____

(c) Description of lost/damage property	Acquisition Date	Acquisition Cost	Amount of Claim
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- (d) Total amount of claim : _____
- (e) Date and time the loss/damage was reported to the police/airline concerned :
- (f) Name, address and reference number of the police/airline concerned : _____

Note : Please submit all relevant documents such as police report, property irregularity report, photos, purchase invoice, repair or replacement quotation in substantiation of the claim and other available documents.

Section 18 (Baggage Delay)

- (a) Name of carrier and flight No. : _____
- (b) Destination and date time of arrival : _____
- (c) Date and time of the baggage available for collection : _____
- (d) Description of essential items purchased : _____
- (e) Amount of claim : _____

Note : Please submit the property irregularity report, purchase invoice, statements, vouchers in substantiation of the claim, airline ticket, baggage tag and other available documents..

Section 19 & 22 (Travel Delay & Travel Misconnection)

- (a) Name of carrier and flight no. : _____

(b) Place and scheduled date and time of departure/arrival : _____

(c) Actual date and time of departure/arrival : _____

(d) Reason for the delay : _____

(e) Amount of Claim : _____

Note : Please submit boarding pass, itinerary of journey, travel deposit/receipt and the carries written confirmation as to the duration of delay and the reason for such delay and other available documents.

Section 23 (Personal Liability Cover)

(a) Date, time and place of occurred : _____

(b) Full description of the occurrence : _____

(c) Name and address of third party claimant : _____

(d) Nature and extent of injury/damage caused with estimate of quantum if possible : _____

(e) Name and addresses of any witness(es) to the occurrence : _____

(f) Name, address and reference number of the police station concerned : _____

(g) Please state your own view on liability and whether any formal claim has been received : _____

Note :

- 1, Please submit boarding pass, itinerary of journey, travel deposit/receipt, police report and other available documents
- 2, Please do not admit liability and submit all documents and correspondence the occurrence/third party claim

Section 24 (Home Protection)

(a) Date, time and place of loss/damage : _____

(b) Describe how the loss/damage occurred : _____

(c) Description of lost/damage property	Acquisition Date	Acquisition Cost	Amount of Claim
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(d) Total amount of claim : _____

(e) Date and time the loss/damage was reported to the police : _____

(f) Name, address and reference number of the police : _____

Note : Please submit all relevant documents such as traveling schedule airticket, police report, property report, photos, purchase invoice, repair or replacement quotation in substantiation of the claim and other available documents.

Section 25 (Rental Vehicle Excess)

(a) Date, time and place of loss/damage : _____

(b) Describe how the loss/damage occurred : _____

(c) Name of Licensed Rental Agency : _____

(d) Is the car being Insured or not : _____

(e) Total amount of claim : _____

(f) Date and time the loss/damage was reported to the police : _____

Note : Please submit all relevant documents such as traveling schedule airticket, police report, property report, photos, purchase invoice, repair or replacement quotation in substantiation of the claim, rental agreement and other available documents.

Section 26 (Benefit of Golf)

(a) Date, time and place of loss/damage : _____

(b) Describe how the loss/damage occurred : _____

(c) Description of lost/damage property	Acquisition Date	Acquisition Cost	Amount of Claim
_____	_____	_____	_____
_____	_____	_____	_____

(d) Total amount of claim : _____

(e) Date and time the loss/damage was reported to the police/airline concerned : _____

(f) Name, address and reference number of the police/airline concerned : _____

(g) Do you had completed a hole in one in an organized event ? Yes/No

(h) What kind of event/name of event ? _____

Note : Please submit all relevant documents such as police report, property irregularity report, photos, purchase invoice, repair or replacement quotation in substantiation of the claim, receipts for the cost of celebratory drinks and other available documents.

Section 27 (Cover in the event of Terrorism)

(a) Date, time and place of event terrorism : _____

(b) Describe how the loss/damage occurred : _____

(c) Description of lost/damage property	Acquisition Date	Acquisition Cost	Amount of Claim
_____	_____	_____	_____
_____	_____	_____	_____

(d) Total amount of claim : _____

Note : Please submit all relevant documents such as traveling schedule airticket, boarding pass, Statement from Government related to the terrorism and other available documents.

Declaration and Authorization

- (1). I declare that the above information is in all respect true and correct to the best of my knowledge and belief.
- (2). I understand and agree that any personal information collected or held by PT. China Taiping Insurance Indonesia (herein after called your company) may be used, stored and transferred to such individuals/organization associated with your company or any selected third party for the purpose of processing this claim, and otherwise for the purpose set out in your company's Personal Data Policy including the carrying out of matching procedures. I understand that I have the right to obtain access to and to request correction of any personal data held by your company concerning me (and my dependents if any).

(3) I authorize any policy authority, airline, travel agent, insurance company, service provider or other person or organization that has any records or knowledge of me or my claim or insurance history to furnish to your company or your authorized representative, any and all personal data and other information with respect to any loss, damage, theft or other events connected with my claim or insurance history and copies of all relevant records. The photocopy of this authorization shall be considered as effective and valid as the original. Your issue of this claim form does not signify your acceptance of any claim.

Date : _____

Signature of Claimant : _____