

Personal Travel Claim Form

QBE Insurance (Singapore) Pte Ltd



IMPORTANT

The acceptance of this Form is NOT an admission of liability on the part of the Company. Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

Required documents – For annual plans, please provide a copy of the passport showing duration of trip. We reserve the rights to request for additional information. To ensure that there is no delay of your claim, please return the claim form duly completed with supporting documents.

Name of Policyholder		Insurance Policy No.	
Name of Claimant (If different from the above)			
Address		Occupation	
		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Purpose of Trip <input type="checkbox"/> Business <input type="checkbox"/> Vacation	
Telephone No.	HP No.	Email	
Country which you travelled to			
Place where incident, loss or illness occurred		Date	Time
Are there any other Policies of Insurance in force covering you in respect of this event? If "Yes", please specify			<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of the incident, loss or illness

A. Personal Accident/Illness – Medical And Additional Expenses

Please Attach Original Medical Receipts And Copy Of Discharge Summary Or Available Medical Report

1. i) Have you suffered from this illness or injury previously? Yes No
If "Yes", please specify

ii) Is the illness or injury you have suffered or are suffering from a recurrence of a previous illness or injury? If "Yes", please specify Yes No

2. State amount claimed SGD

3. Name and address of your usual attending doctor

4. Were you on medication/medical treatment for this sickness during the 180 days preceding the trip? Yes No

B. Baggage & Personal Effects

Please furnish Police Report and original purchase receipts, baggage irregularity report and other supporting documents.

Location of police station, name of airline/carrier or other authorities where report is lodged.

Give details of amount claimed (If insufficient space, please provide details in separate sheets)

Item	Description	When and Where purchase	Original purchase price (SGD)	Depreciation for wear & tear	Amount claimed (SGD)

C. Baggage Delay

Please attach Boarding Pass, Baggage Irregularity, Baggage acknowledgement slip and any other correspondence from the Airlines

Flight Details		Collection of Delayed Baggage
Arrival Date		Date
Arrival Time		Time
Place of Departure		Place
Flight No.		
Name of Airline		

D. Cancellation/Curtailment/Postponement

Please attach documents from carrier/travel agent and any relevant document to support your claim

When and where was the trip booked?		Intended Departure Date
		Date of Cancellation
Why was the trip cancelled/curtailed?		
Amount paid to you SGD	Amount recovered from other sources SGD	Amount claimed SGD

E. Flight Delay/Misconnection

Please attach Letter from Airlines/Carrier stating the reason and duration of delay

Original Flight Details		Delayed Flight Details	
Date	Time	Date	Time
Place of Departure		Place of Departure	
Flight No.		Flight No.	
Name of Airline		Name of Airline	

F. Others

(Hijack, Overbooked Flight, Personal Liability, Loss Of Hotel Facilities, Home Protection, Alternative Employees Expenses, Terrorism)

In respect of any other claim which does not fall within the sections stated above, please provide details of the claim you are submitting. If the space below is insufficient for such details, please attach another page.

I declare that to the best of my knowledge and belief that the above particulars are true and accurate. If I made or shall make any false or fraudulent statements, or withhold material facts whatsoever in respect of this claim, the Policy shall be void and I shall forfeit all rights to recover therein.

I authorise any hospital doctor, other person who has attended or examined me, to furnish to the Company, and/or its authorised representatives, with any and all information relating to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.

Name of Policy Holder	Signature/Company Stamp (If applicable)	Date
Name of Claimant	Signature	Date

Personal Data Protection Act (PDPA) 2012

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.sing@qbe.com

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name	Signature of Applicant
NRIC No.	
Date	

Please send the completed claim forms and the relevant supporting documents to:

QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583