

Travel Insurance Claim Form



- Kindly submit all the supporting documents and fill in the claim form, to be sent to the email:

travels@europ-assistance.com

- The documents are being evaluated and analyzed

- After submitting all the required documents, the claim assessment will be completed and the claim result will be sent by email

Note:

1. Please report your loss(es) by submitting this Claim Form to us by email within 30 days from the date of ending your trip.
2. For enquiries, please call the hotline mentioned on the policy

Personal Details (*Mandatory fields)

*Policy / Certificate no. _____

*Permanent place of residence: _____

*Insured person _____

*Insured person Passport no. _____

*Contact person _____
 (If the same as Insured person, please ignore this field)

*Contact person address _____

*Contact person mobile no. _____

* Contact person email address _____

Our company will send you the **claim acknowledgement** and **claim settlement** by email.

Our company may contact you by **email** to obtain additional information to process your claim, if necessary.

General Information

Travel period from (DD/MM/YY) _____ to (DD/MM/YY) _____

Are you making any other insurance or compensation claim as a result of this incident? No Yes, please specify:

Name of company _____

Reference No. _____

Please submit each of the below documents (mandatory):

1. Scanned policy certificate
2. Scanned copy of the front page of your passport
3. Scan of the exit stamp from your passport from the country of origin
4. Scan of the entry stamp from your passport to the visited country
5. Scan of original detailed invoice(s) showing that the claimed amount has been paid (where applicable) *

* In some cases, we will require original documents to be sent by mail. We will let you know if this is the case

Payment method

I, _____ (Name of Four Parts) authorize you to settle my claim (if approved) to the below bank details:

Bank name: _____

Name of the beneficiary: _____

Account number: _____

IBAN/ IFSC code: _____

SWIFT code: _____

Account currency: _____

In case the payment was returned due to any incorrect details, the extra fees for resending the payment will be deducted from the covered amount. Please provide us with a copy of the owner of the bank account you authorize us to settle to.

Claim items and documentation

Please the relevant section(s), submit the required documents together with this form to our company. Our company may request for additional documents. Certain claim items are only applicable to specific travel insurance products.

Claim items	Claim documents checklist
<input type="checkbox"/> Medical expenses (Please fill in Section 1, page 3)	<ol style="list-style-type: none"> Detailed initial medical report (including date of admission, past medical history, physical examination, and initial diagnosis. Final completed medical report with detailed history of present illness and treatments. Fit to fly document issued by the treating doctor, with stamp (in case of repatriation)
<input type="checkbox"/> Personal accident (Please fill in Section 2, page 3)	<ol style="list-style-type: none"> Copy of overseas police report or incident report issued by relevant authority (if applicable) Copy of medical report / coroner's report Copy of death certificate (if applicable) Copy of relationship proof to the insured e.g., birth certificate, marriage certificate (if applicable) Original / certified true copy for the Letters of Administration / grant of probate (if applicable)
<input type="checkbox"/> Loss / damage to personal baggage or personal belongings (Please fill in Section 3, page 4)	<ol style="list-style-type: none"> Copy of photographs showing the extent of damage(s) to the claim item(s) Copy of overseas police report / property irregularity report (if applicable) Copy of repair quotation of the damaged items(s) (if applicable) Original / copy of purchase receipts of the lost / damaged item(s) (if applicable)
<input type="checkbox"/> <ul style="list-style-type: none"> Loss of personal money Loss of travel document and / or travel ticket Unauthorized use of lost credit card during the insured journey (Please fill in Section 3, page 4)	<ol style="list-style-type: none"> Copy of overseas police report / property irregularity report (if applicable) Original / copy of receipts for extra accommodation fee, traveling expenses, replacement of lost travel documents and / or travel tickets (if applicable) Copy of statement(s) and investigation report issued by the credit card company showing the details of unauthorized use of credit card (if applicable) Copy of notification to the credit card company in relation to the incident of unauthorized use of credit card (if applicable)
<input type="checkbox"/> Travel / baggage delay	<ol style="list-style-type: none"> Copy of written report from the related public common carrier with reason(s) and duration for the travel delay or baggage delay Copy of scheduled and actual itinerary flight boarding pass / electronic boarding pass (if applicable) Original / copy of receipts for additional hotel accommodation, travel ticket and / or necessities expenses due to travel delay or baggage delay (if applicable)
<input type="checkbox"/> Cancellation / curtailment of trip	<ol style="list-style-type: none"> Trip cancellation / curtailment proof e.g., copy of medical report or death certificate Copy of refund confirmation issued by public common carrier or travel agency (if applicable) Copy of relationship proof to the insured e.g., birth certificate, marriage certificate (if applicable) Original / copy of paid travel expense / accommodation fee and / or tour fee and / or sightseeing event receipt (if applicable) If travel cancellation / curtailment is due to death, serious physical injury or serious illness of the insured person, immediate family members or travel companion, please provide their copy of death/medical certificates and relationship proof (if applicable)

Claim items and documentation (Continued)

Claim items	Claim documents checklist
<input type="checkbox"/> Personal liability (Please fill in Section 5, page 4)	<ol style="list-style-type: none"> 1. Copy of overseas police report or incident report issued by relevant authority (if applicable) 2. Original / copy of compensation invoice and payment receipt for the damaged item(s) if applicable) 3. Copy of other related documents e.g., summons, all court documents, solicitors' correspondences (if applicable)
<input type="checkbox"/> Bail Bond	<ol style="list-style-type: none"> 1. Proof of payment of bail bond 2. Copy of police report 3. Full description of the incident (Page 5)
<input type="checkbox"/> Mugging	<ol style="list-style-type: none"> 1. Full description of the incident (Page 5) 2. Copy of police report and proof of cash withdrawal from ATM.
<input type="checkbox"/> Travel Visa Rejection	<ol style="list-style-type: none"> 1. Proof of visa application 2. Proof of payment for visa application 3. Proof of visa rejection
<input type="checkbox"/> Rental vehicle excess (Please fill in Section 5, page 4)	<ol style="list-style-type: none"> 1. Copy of rental vehicle's comprehensive insurance policy 2. Copy of vehicle rental agreement 3. Original / copy of excess receipt and / or rental receipt 4. Copy of damage incident report
<input type="checkbox"/> Other	<ol style="list-style-type: none"> 1. Please provide a detailed description of the loss/losses and circumstances that led to the loss/losses (Page 5). Please include as much information as possible and submit all relevant documents supporting the claim.

Section 1 Medical expenses

Medical expenses amount (please state the currency) _____ Location of injury/sickness _____

Date of incident (DD/MM/YY) _____

For injury case, please state where and how did the accident occur. For sickness case, please state the symptom(s) and when the symptom(s) did first appear.

Is your illness related to a pre-existing medical condition? No Yes, please provide details (Use Page 5 for full explanation) _____

Did you/will you receive any follow up treatment(s)? No Yes, please provide the estimated recovery date (DD/MM/YY) _____

Did you contact the travel insurance emergency phone line? No Yes, If not, why not? (Use Page 5 for full explanation) _____

Section 2 Personal accident (includes accidental death and permanent disability)

Location of incident _____ Date of incident (DD/MM/YY) _____

Casualty's condition (Please the box) Death Injury, please list sustained injury(ies) _____

Details of accident _____

Claim Amount _____

Section 3 Loss / damage to personal baggage / personal money / travel document / travel ticket or unauthorized use of lost credit card

Location of incident _____ Date of incident (DD/MM/YY) _____

Details of incident _____

Lost / damaged item(s)	Date of purchase (DD/MM/YY)	Original purchase price (Please state the currency)	Repair cost(s) (please state the currency) (If applicable)

Use page 5 if more space is needed

Section 4 Travel / baggage delay or trip cancellation / curtailment

Please <input checked="" type="checkbox"/> the applicable option(s)	<input type="checkbox"/> Travel delay	<input type="checkbox"/> Baggage delay	<input type="checkbox"/> Trip cancellation	<input type="checkbox"/> Trip curtailment
Related expenses / fee (please state the currency):				

Reasons * _____

*Use page 5 if more space is needed

If the claim item(s) is/are Travel delay or Trip curtailment or Baggage delay, please fill in below table.

Travel delay or Trip curtailment	Departure date and time (DD/MM/YY, HH:MM)	Arrival date and time (DD/MM/YY, HH:MM)
Scheduled		
Actual		

Baggage delay	Scheduled arrival date and time (DD/MM/YY, HH:MM)	Actual arrival date and time (DD/MM/YY, HH:MM)

Section 5 Other coverage(s)

Please the applicable option(s): Personal liability^ Rental vehicle excess Other(s), please specify _____

Related expenses (please state the currency) _____ Location of incident _____

Date of incident (DD/MM/YY) _____

Details of incident _____

(^Please do not admit liability on or enter into any settlement agreement with the third party without our company's prior written consent.)

Declaration and authorization

1. I / We declare that all information and particulars contained above are true and complete to the best of my/our knowledge and belief and they are made without reservation of any kind.
2. I/We understand and agree the following points regarding the arrangement of my/our personal information collected or held by Europ Assistance and its subsidiaries and partner companies:
 - 1) The personal information of customers (including policy owners, insured persons, beneficiaries, premium payers, trustees, policy assignees and claimants) collected or held by Europ Assistance and its subsidiaries and partner companies ("Company") may be used by the Company for the following obligatory purposes necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):
 - I. to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services.
 - II. to process requests for payment, and for direct debit authorization.
 - III. to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in the applicable policy wording, including but not limited to the subrogation right.
 - IV. to compile statistics or use for accounting and actuarial purposes.
 - V. to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and conduct matching procedures where necessary.
 - VI. to comply with the legitimate requests or orders of the courts and regulators in applicable countries.
 - VII. to collect debts.
 - VIII. to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
 - IX. to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
 - 2) The Company may provide any personal information of customers to the following parties for the obligatory purposes:
 - I. companies within the Company Group, or any other company carrying on insurance or reinsurance related business, or an intermediary.
 - II. any agent, contractor or third-party service provider who provides administrative, telecommunications, computer, payment or other services to the Company in connection with the operation of its business.
 - III. third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors.
 - IV. credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services.
 - V. any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory, or other authorities with which the Company or any of its associated companies are expected to comply.
 - VI. any person pursuant to any order of a court of competent jurisdiction; and
 - VII. any actual or proposed assignee of the Company or transferee of the Company's rights in respect of the policy owners.
3. I / We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I / We have been observed or treated to give full particulars about my/our health to the Company or its agents.
4. I / We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the Company or its agents.
5. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Insured person (If the Insured person is under 18 years of age, please sign by his/her father/mother)

Signature of contact person (if applicable)

Date (DD/MM/YY) _____

Date (DD/MM/YY) _____

Please scan this claim form along with all supporting documents to travels@europ-assistance.com and you'll hear from us soon.